



TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE TAXPAYER SERVICES DIVISION  
MULTI-PURPOSE APPLICATION

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>93606037</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <b>4</b>			MAD <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>		
LAST NAME <b>BSE TRAILER LEASING LLC</b>			LAST NAME <b>BSE TRAILER LEASING LLC</b>		
FIRST NAME <b></b>			FIRST NAME <b></b>		
MIDDLE INITIAL <b></b>			MIDDLE INITIAL <b></b>		
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>			ADDRESS 2 (PHYSICAL) <b></b>		
CITY <b>WILLIAMSPORT</b>		STATE <b>MD</b>	ZIP CODE <b>21795</b>		CITY <b></b>
CITY OF RESIDENCE/PRINCIPAL BUS OR INDRP LOCATION <b>HAMILTON 033</b>		PURCHASE DATE <b>05/23/2014</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>240 772 5501</b>	*PLACARD/HEARING IMPAIRED CLS/YR <b></b>
*INSURANCE POLICY # <b></b>					

VEHICLE INFORMATION										
VIN <b>1JJV532W56L000178</b>	MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>2006</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation <b></b>	CODE <b>9</b>		
SURRENDERED TITLE # <b>05203940088</b>	STATE <b>NE</b>	PREVIOUS STATES TITLED <b></b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE <b></b>	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>			
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH <b></b>	WDTH <b></b>	# AXLES <b></b>	GROSS VEHICLE WEIGHT <b></b>	*VEHICLE TRADE-IN DESCRIPTION <b></b>	COMPANY VEHICLE # <b>218619</b>				

PLATE INFORMATION *Required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>U496097</b>	CLASS CODE/ISSUE YR (1)(3) <b>8020/1994</b>	VALIDATION # (1) <b></b>	COUNTY STICKER # (1) <b></b>	CITY STICKER # (1)(2) <b></b>	*PLATE # (TRADE IN) (2) <b></b>	CLASS CODE/ISSUE YR (2) <b></b>	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>
TDR STICKER # (4) <b></b>	TEMP OPERATOR PERMIT # (3) <b></b>	# OF SEATS (5) <b></b>	ZONE (COUNTY NAME) (6) <b></b>	USDOT / REGISTRANT # (7) <b></b>	MOTOR CARRIER # (8) <b></b>		

LIEN INFORMATION (if applicable)			
LIEN CODE <b></b>	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	LIEN DATE <b>05/23/2014</b>	
STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</b>
LIEN CODE <b></b>	SECOND LIENHOLDER <b></b>	LIEN DATE <b></b>	
STREET <b></b>	CITY <b></b>	STATE <b></b>	ZIP CODE <b></b>

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAD <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME <b></b>	NAME <b></b>			
ADDRESS <b></b>	CITY <b></b>	STATE <b></b>	ZIP CODE <b></b>	

VEHICLE COST / TAX INFORMATION *Required for Title & Registration Transactions				
SALE PRICE <b></b>	TRADE IN ALLOWANCE <b></b>	TAXABLE AMOUNT <b></b>	SALESTAX PAID <b></b>	*TAX EXEMPTION REASON / SALES TAX # <b></b>
DEALER NAME <b></b>	DEALER ADDRESS <b></b>		DEALER # <b></b>	

\*Required for Duplicate Title - T.C.A. 55-3-115 (expired license or altered Certificate of Title)

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
-------------------------------	---------------------------------	------------------------------------	--	----------------------------------	------------------------------------

Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER/OWNER <b></b>	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) <b></b>	DATE <b>06/06/2014</b>
---	---	---------------------------

INVOICE NUMBER <b>14157 @</b>	COUNTY NAME <b>HAMILTON</b>	GO NUMBER <b>33</b>	DATE OF APPLICATION <b>06/06/2014</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HCM27</b>
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>	EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)		
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
*SERVICE OPT FEE <b></b>	ORGAN DONOR <b></b>	POSTAGE <b></b>	VER <b></b>	ID / RESIDENCY VERIFICATION <b></b>	TOTAL FEES COLLECTED <b>97.25</b>