



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 94494876	TRANSACTION CODE 001	REGISTRATION ONLY NUMBER
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STATE

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) 4 MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>											
LAST NAME BSE TRAILER LEASING LLC		FIRST NAME		MIDDLE INITIAL		LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD						ADDRESS 2 (PHYSICAL)					
CITY WILLIAMSPORT		STATE MD		ZIP CODE 21795		CITY		STATE		ZIP CODE	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		PURCHASE DATE 10/01/2014		*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # 240 772 5501		*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	

VEHICLE INFORMATION																	
VIN 1GRAA06273T004226		MAKE GDAN		MODEL 1GR		YEAR 2003		BODY SE		TITLE BRAND - translation USED		CODE U		TYPE OF FUEL - translation		CODE 9	
SURRENDERED TITLE # 143013059064		STATE OK		PREVIOUS STATES TITLED TN		VEHICLE USE F		VEHICLE TYPE S		CURRENT MILEAGE		ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)				CODE 1	
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LGTH		WDTH		# AXLES		GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION				COMPANY VEHICLE # 264072			

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS															
PLATE #(1) U555053		CLASSCODE/ISSUEYR(1)(3) 8020/1994		VALIDATION #(1)		COUNTY STICKER #(1)		CITY STICKER #(1)(2)		*PLATE #(TRADE IN)(2)		CLASS CODE/ISSUE YR(2)		EXPIRATION DATE (1)(2)(3) PERMANENT	
TDR STICKER #(4)		TEMP OPERATOR PERMIT #(3)		# OF SEATS(5)		ZONE(COUNTY NAME)(6)		USDOT / REGISTRANT #(7)				MOTOR CARRIER #(8)			

LIEN INFORMATION (If lien present)									
LIEN CODE		FIRST LIENHOLDER SUNTRUST BANK						LIEN DATE 10/01/2014	
STREET 120 E BALTIMORE ST 25 FL		CITY BALTIMORE		STATE MD		ZIP CODE 21202			
LIEN CODE		SECOND LIENHOLDER						LIEN DATE	
STREET		CITY		STATE		ZIP CODE			

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

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)											
SALE PRICE		TRADE IN ALLOWANCE		TAXABLE AMOUNT		SALESTAX PAID		*TAX EXEMPTION REASON / SALES TAX #			
DEALER NAME		DEALER ADDRESS						DEALER #			

*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible 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		POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)		DATE 11/24/2014	

INVOICE NUMBER 14328 @		COUNTY NAME HAMILTON		CO NUMBER 33		DATE OF APPLICATION 11/24/2014		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES		HCM27	
OFFICE USE ONLY REGISTRATION FEE 79.75		CREDIT		LEASE FEE		TRANS FEE		CLERK FEE		(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		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED 97.25	