



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



City Stickers:

|                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                               |                                                                                                                            |                                          |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------|
| NEW OR CURRENT TITLE NUMBER<br><b>93596909</b>                                                                                                                                                                                                                                                       |  | TRANSACTION CODE<br><b>N01</b>                                                                                                                                                                                                | REGISTRATION ONLY NUMBER                                                                                                   |                                          | STATE                                                                                    |
| OWNER INFORMATION (LEGAL STATUS: A (AND) 2 (OR) 3) ENTER NAME CODE IN BOX 1 (GAME) 2 (OFFERED) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 25 CHARACTERS) 6 (N) 7 (N)                                                                                                                                |  |                                                                                                                                                                                                                               |                                                                                                                            |                                          |                                                                                          |
| LAST NAME<br><b>BSE TRAILER LEASING LLC</b>                                                                                                                                                                                                                                                          |  | FIRST NAME<br><b>10233 GOVERNOR LN BLVD</b>                                                                                                                                                                                   |                                                                                                                            | MIDDLE INITIAL                           |                                                                                          |
| ADDRESS 1 (MAILING)                                                                                                                                                                                                                                                                                  |  | ADDRESS 2 (PHYSICAL)                                                                                                                                                                                                          |                                                                                                                            |                                          |                                                                                          |
| CITY<br><b>WILLIAMSPORT</b>                                                                                                                                                                                                                                                                          |  | STATE<br><b>MD</b>                                                                                                                                                                                                            | ZIP CODE<br><b>21795</b>                                                                                                   | CITY<br><b>WILLIAMSPORT</b>              |                                                                                          |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b>                                                                                                                                                                                                                            |  | PURCHASE DATE<br><b>04/30/2014</b>                                                                                                                                                                                            | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br>USE REVERSE SIDE FOR INSTRUCTIONS | TELEPHONE #<br><b>301 582 1793</b>       | *PLACARD/HEARING IMPAIRED CLS/YR<br><b>301 582 1793</b>                                  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                               |                                                                                                                            |                                          |                                                                                          |
| VIN<br><b>3H3V532C0FT328114</b>                                                                                                                                                                                                                                                                      |  | MAKE<br><b>HYTR</b>                                                                                                                                                                                                           | MODEL<br><b>3H3</b>                                                                                                        | YEAR<br><b>2015</b>                      | BODY<br><b>SE</b>                                                                        |
| SURRENDERED TITLE #<br><b>MSO</b>                                                                                                                                                                                                                                                                    |  | STATE<br><b>TN</b>                                                                                                                                                                                                            | PREVIOUS STATES TITLED                                                                                                     | VEHICLE USE<br><b>F</b>                  | VEHICLE TYPE<br><b>S</b>                                                                 |
| COLOR CODE (upper appropriate code)*<br><b>O</b>                                                                                                                                                                                                                                                     |  | MOBILE HOME LGTH<br><b>0</b>                                                                                                                                                                                                  | # AXLES<br><b>0</b>                                                                                                        | GROSS VEHICLE WEIGHT                     | *VEHICLE TRADE-IN DESCRIPTION                                                            |
| PLATE INFORMATION (Transfers for Title and Registration and Registration Only Transfers SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS)                                                                                                                                                                  |  | PLATE # (1)<br><b>U493214</b>                                                                                                                                                                                                 |                                                                                                                            |                                          |                                                                                          |
| CLASS CODE/ISSUE YR (1)(3)<br><b>8020/1994</b>                                                                                                                                                                                                                                                       |  | VALIDATION # (1)                                                                                                                                                                                                              | COUNTY STICKER # (1)                                                                                                       | CITY STICKER # (1)(2)                    | *PLATE # (TRADE IN) (2)                                                                  |
| TDR STICKER # (4)                                                                                                                                                                                                                                                                                    |  | TEMP OPERATOR PERMIT # (3)                                                                                                                                                                                                    | # OF SEATS (5)                                                                                                             | ZONE (COUNTY NAME) (6)                   | USDOT / REGISTRANT # (7)                                                                 |
| LIEN INFORMATION (If Represented)                                                                                                                                                                                                                                                                    |  | LIEN CODE<br><b>SUNTRUST BANK</b>                                                                                                                                                                                             |                                                                                                                            |                                          |                                                                                          |
| STREET<br><b>120 E BALTIMORE ST 25 FL</b>                                                                                                                                                                                                                                                            |  | CITY<br><b>BALTIMORE</b>                                                                                                                                                                                                      |                                                                                                                            | STATE<br><b>MD</b>                       | ZIP CODE<br><b>21202</b>                                                                 |
| LIEN CODE<br><b>SECOND LIENHOLDER</b>                                                                                                                                                                                                                                                                |  | CITY<br><b>BALTIMORE</b>                                                                                                                                                                                                      |                                                                                                                            | STATE<br><b>MD</b>                       | ZIP CODE<br><b>21202</b>                                                                 |
| NAME<br><b>LEGAL STATUS</b>                                                                                                                                                                                                                                                                          |  | NAME CODE<br><b>NAME</b>                                                                                                                                                                                                      |                                                                                                                            |                                          |                                                                                          |
| ADDRESS<br><b>CITY</b>                                                                                                                                                                                                                                                                               |  | STATE<br><b>STATE</b>                                                                                                                                                                                                         |                                                                                                                            |                                          |                                                                                          |
| VEHICLE COST / TAX INFORMATION (Required for Title & Registration Transactions)                                                                                                                                                                                                                      |  | SALE PRICE<br><b>TRADE IN ALLOWANCE</b>                                                                                                                                                                                       |                                                                                                                            |                                          |                                                                                          |
| DEALER NAME<br><b>DEALER ADDRESS</b>                                                                                                                                                                                                                                                                 |  | DEALER #<br><b>DEALER #</b>                                                                                                                                                                                                   |                                                                                                                            |                                          |                                                                                          |
| *Required for Duplicate Title: F.O.A. 56-3-115 (Supplies Ineligible or Altered Certificate of Title)                                                                                                                                                                                                 |  | *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 <input type="checkbox"/> |                                                                                                                            |                                          |                                                                                          |
| 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 employees to determine the accuracy of the information provided by me or on my behalf. |  | SIGNATURE OF CERTIFIER/OWNER<br><b>POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)</b>                                                                                                                                 |                                                                                                                            |                                          |                                                                                          |
| INVOICE NUMBER<br><b>14127 @</b>                                                                                                                                                                                                                                                                     |  | COUNTY NAME<br><b>HAMILTON</b>                                                                                                                                                                                                | CO NUMBER<br><b>33</b>                                                                                                     | DATE OF APPLICATION<br><b>05/07/2014</b> | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>W.F. (BILL) KNOWLES</b> |
| OFFICE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b>                                                                                                                                                                                                                                                  |  | CREDIT<br><b>EMISSION: Trailer</b>                                                                                                                                                                                            | LEASE FEE                                                                                                                  | TRANS FEE                                | CLERK FEE                                                                                |
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX                                                                                                                                                                                                                |  | SALES OR USE TAX                                                                                                                                                                                                              | SA TAX                                                                                                                     | LOCAL TAX                                | ADDITIONAL TAX                                                                           |
| *SERVICE OPT FEE                                                                                                                                                                                                                                                                                     |  | ORGAN DONOR                                                                                                                                                                                                                   | POSTAGE                                                                                                                    | VER                                      | ID / RESIDENCY VERIFICATION                                                              |
| TOTAL TAX COLLECTED<br><b>.00</b>                                                                                                                                                                                                                                                                    |  | TOTAL FEES COLLECTED<br><b>97.25</b>                                                                                                                                                                                          |                                                                                                                            |                                          |                                                                                          |

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