



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



City Stickers:

|  |                                |                          |       |
|--|--------------------------------|--------------------------|-------|
| NEW OR CURRENT TITLE NUMBER<br><b>93627513</b> | TRANSACTION CODE<br><b>N01</b> | REGISTRATION ONLY NUMBER | STATE |
|--|--------------------------------|--------------------------|-------|



|   |            |                |           |            |                |
|---|------------|----------------|-----------|------------|----------------|
| LAST NAME<br><b>BSE TRAILER LEASING LLC</b> | FIRST NAME | MIDDLE INITIAL | LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|------------|----------------|-----------|------------|----------------|

|  |                      |
|--|----------------------|
| ADDRESS 1 (MAILING)<br><b>10233 GOVERNOR LN BLVD</b> | ADDRESS 2 (PHYSICAL) |
|--|----------------------|

|                             |                    |                          |      |       |          |
|-----------------------------|--------------------|--------------------------|------|-------|----------|
| CITY<br><b>WILLIAMSPORT</b> | STATE<br><b>MD</b> | ZIP CODE<br><b>21795</b> | CITY | STATE | ZIP CODE |
|-----------------------------|--------------------|--------------------------|------|-------|----------|

|   |                                    |  |                                    |                                 |                     |
|---|------------------------------------|--|------------------------------------|---------------------------------|---------------------|
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b> | PURCHASE DATE<br><b>08/11/2014</b> | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/><br><small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE #<br><b>240 772 5501</b> | *PLACARD/HEARING IMPAIRED CL#YR | *INSURANCE POLICY # |
|---|------------------------------------|--|------------------------------------|---------------------------------|---------------------|

|                                 |                     |                     |                     |                   |   |                  |                            |                  |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|---|------------------|----------------------------|------------------|
| VIN<br><b>3H3V632C7FT328269</b> | MAKE<br><b>HYTR</b> | MODEL<br><b>3H3</b> | YEAR<br><b>2015</b> | BODY<br><b>SE</b> | TITLE BRAND - translation<br><b>NEW</b> | CODE<br><b>N</b> | TYPE OF FUEL - translation | CODE<br><b>9</b> |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|---|------------------|----------------------------|------------------|

|                                   |                    |                        |                         |                          |                 |   |                  |
|-----------------------------------|--------------------|------------------------|-------------------------|--------------------------|-----------------|---|------------------|
| SURRENDERED TITLE #<br><b>MSO</b> | STATE<br><b>CA</b> | PREVIOUS STATES TITLED | VEHICLE USE<br><b>F</b> | VEHICLE TYPE<br><b>S</b> | CURRENT MILEAGE | ODOMETER ACTUAL (B) NOT ACTUAL (B)<br>INDICATOR OVER 10 YRS / 10,000 LBS (B)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (B) | CODE<br><b>1</b> |
|-----------------------------------|--------------------|------------------------|-------------------------|--------------------------|-----------------|---|------------------|

|  |                           |         |                      |                               |                                    |
|--|---------------------------|---------|----------------------|-------------------------------|------------------------------------|
| COLOR CODE (enter appropriate code)<br>UPPER LOWER<br><b>O</b> | MOBILE HOME<br>LOTH WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE #<br><b>328269</b> |
|--|---------------------------|---------|----------------------|-------------------------------|------------------------------------|

|                              |   |                 |                     |                      |                       |                        |   |
|------------------------------|---|-----------------|---------------------|----------------------|-----------------------|------------------------|---|
| PLATE #(1)<br><b>U526319</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) | CLASS CODE/ISSUE YR(2) | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b> |
|------------------------------|---|-----------------|---------------------|----------------------|-----------------------|------------------------|---|

|                  |                           |               |                      |                         |                    |
|------------------|---------------------------|---------------|----------------------|-------------------------|--------------------|
| TDR STICKER #(4) | TEMP OPERATOR PERMIT #(3) | # OF SEATS(5) | ZONE(COUNTY NAME)(6) | USDOT / REGISTRANT #(7) | MOTOR CARRIER #(8) |
|------------------|---------------------------|---------------|----------------------|-------------------------|--------------------|

|           |  |                                |
|-----------|--|--------------------------------|
| LIEN CODE | FIRST LIENHOLDER<br><b>SUNTRUST BANK</b> | LIEN DATE<br><b>08/11/2014</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 | SECOND LIENHOLDER | LIEN DATE |
|-----------|-------------------|-----------|

|        |      |       |          |
|--------|------|-------|----------|
| STREET | CITY | STATE | ZIP CODE |
|--------|------|-------|----------|

|      |      |
|------|------|
| NAME | NAME |
|------|------|

|         |      |       |          |
|---------|------|-------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
|---------|------|-------|----------|

|            |                    |                |               |                                     |
|------------|--------------------|----------------|---------------|-------------------------------------|
| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
|------------|--------------------|----------------|---------------|-------------------------------------|

|             |                |          |
|-------------|----------------|----------|
| DEALER NAME | DEALER ADDRESS | DEALER # |
|-------------|----------------|----------|

|                               |                                  |                                    |   |                                  |                                    |
|-------------------------------|----------------------------------|------------------------------------|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> LOST | <input type="checkbox"/> *STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTND 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<br><b>08/18/2014</b> |
|------------------------------|---|---------------------------|

|                                  |                                |                        |  |   |              |
|----------------------------------|--------------------------------|------------------------|--|---|--------------|
| INVOICE NUMBER<br><b>14230 @</b> | COUNTY NAME<br><b>HAMILTON</b> | CD NUMBER<br><b>33</b> | DATE OF APPLICATION<br><b>08/18/2014</b> | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)<br><b>W.F. (BILL) KNOWLES</b> | <b>HCM27</b> |
|----------------------------------|--------------------------------|------------------------|--|---|--------------|

|   |                   |        |           |           |           |                              |                          |                                   |
|---|-------------------|--------|-----------|-----------|-----------|------------------------------|--------------------------|-----------------------------------|
| OFFICE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b> | EMISSION: Trailer | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE<br><b>12.00</b> | TITLE FEE<br><b>5.50</b> | TOTAL TAX COLLECTED<br><b>.00</b> |
|---|-------------------|--------|-----------|-----------|-----------|------------------------------|--------------------------|-----------------------------------|

|   |                  |        |           |                |                       |                  |                  |
|---|------------------|--------|-----------|----------------|-----------------------|------------------|------------------|
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY STICKER FEE |
|---|------------------|--------|-----------|----------------|-----------------------|------------------|------------------|

|                  |             |         |     |                             |                                       |
|------------------|-------------|---------|-----|-----------------------------|---------------------------------------|
| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED<br><b>97.25</b> |
|------------------|-------------|---------|-----|-----------------------------|---------------------------------------|

328269