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

OFFICIAL VEHICLE REGISTRATION

STATE

City Stickers:

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE*	REGISTRATION ONLY NUMBER
93627543	N01	

OWNER INFORMATION (FOR LESSEE FILING, ENTER NAME, CO-NAME IN FIRST, SECOND NAME LINE, MIDDLE INITIAL, LAST NAME, COMPANY OVER 25 CHARACTERS) 4 NAS N LU N

LAST NAME / FIRST NAME / MIDDLE INITIAL	LAST NAME / FIRST NAME / MIDDLE INITIAL
BSE TRAILER LEASING LLC	
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	PURCHASE DATE	*LEASED / *SERVICE OPTIONS (SEE REVERSE SIDE FOR INSTRUCTIONS)	TELEPHONE #	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
HAMILTON 033	08/11/2014		240 772 5501		

VEHICLE INFORMATION

VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
3H3V532C9FT328287	HYTR	3H3	2015	SE	NEW	N		9

SURRENDERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER INDICATOR (List one) ACTUAL (0) NOT ACTUAL (9) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (3)	CODE
MSO	CA		F	S			1

COLOR CODE (enter appropriate code)* UPPER / LOWER	MOBILE HOME LGTH / WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE #
O					328287

PLATE INFORMATION (FOR PLATE ORDERING INFORMATION SEE REVERSE SIDE FOR COMMENTS INSTRUCTIONS)

PLATE #(1)	CLASSCODE/ISSUEYR(1)(3)	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3)
U526337	8020/1994						PERMANENT

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

LIEN INFORMATION (IF APPLICABLE)

LIEN CODE	FIRST LIENHOLDER	LIEN DATE
	SUNTRUST BANK	08/11/2014

STREET	CITY	STATE	ZIP CODE
120 E BALTIMORE ST 25 FL	BALTIMORE	MD	21202

LIEN CODE	SECOND LIENHOLDER	LIEN DATE

STREET	CITY	STATE	ZIP CODE

LESSEE/REGISTRANT INFORMATION (IF LESSEE FILING, ENTER NAME, CO-NAME IN FIRST, SECOND NAME LINE, MIDDLE INITIAL, LAST NAME, COMPANY OVER 25 CHARACTERS) NAS NAO NAC LU

NAME	NAME

ADDRESS	CITY	STATE	ZIP CODE

VEHICLE/TITLE TAX INFORMATION (ENTER VALUE IF NOT TAXABLE OR EXEMPT)

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

DEALER NAME	DEALER ADDRESS	DEALER #

REPLACEMENT REQUESTED DUE TO: ☐ LOST ☐ STOLEN ☐ MUTILATED ☐ RTN'D DUE TO NON DELIEVERY ☐ ALTERED ☐ 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
		08/18/2014

INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)
14230 @	HAMILTON	33	08/18/2014	W.F. (BILL) KNOWLES HCM27

(total fees collected indicated certifies this form as a valid registration)

OFFICE USE ONLY — EMISSION: Trailer

REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00

COMPUTATION OF ☐ SALES TAX ☐ 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
					97.25

SF-1357 Port: WK52/DR27/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 RDA-692