



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 93621586	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4 MAO N ILU N

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 06/01/2014	*LEASED <input 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 1PT01JAH5W6005160	MAKE TRIM	MODEL 1PT	YEAR 1998	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation	CODE 9
---------------------------------	---------------------	---------------------	---------------------	-------------------	--	------------------	----------------------------	------------------

SURRENDERED TITLE # 13233038	STATE ME	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE .1
--	--------------------	------------------------	-------------------------	--------------------------	-----------------	---	-------------------

COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 35175
---	------------------------------	---------	----------------------	-------------------------------	-----------------------------------

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE #(1) U524660	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 system)

LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 06/01/2014
-----------	--	--------------------------------

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 NAME CODE MAO ILU

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 #
-------------	----------------	----------

<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 07/30/2014
------------------------------	---	---------------------------

INVOICE NUMBER 14211 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 07/30/2014	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	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
---	--------	-----------	-----------	-----------	------------------------------	--------------------------	-----------------------------------

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	COUNTY WHEEL TAX	CITY STICKER FEE
---	------------------	--------	-----------	----------------	-----------------------	------------------	------------------

*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25
------------------	-------------	---------	-----	-----------------------------	---------------------------------------

35175