



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



City Stickers:

|                                                                                                                                                                                                                                                                                                      |  |                                                |  |                                                        |  |                                                                                                                                                      |  |                                                                                          |  |                                         |  |                                                                                                                                |  |                                               |  |                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|-----------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|------------------|--|
| NEW OR CURRENT TITLE NUMBER<br><b>93604063</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 MOTOR LOCATION<br><b>HAMILTON 033</b>                                                                                                                                                                                                                             |  |                                                |  | PURCHASE DATE<br><b>05/30/2014</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 5474</b>                                                       |  | *PLACARD/HEARING IMPAIRED CL#YR         |  | *INSURANCE POLICY #                                                                                                            |  |                                               |  |                  |  |
| VIN<br><b>3H3V532C9FT376050</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>TN</b>                             |  | PREVIOUS STATES TITLED                                 |  | VEHICLE USE<br><b>F</b>                                                                                                                              |  | VEHICLE TYPE<br><b>S</b>                                                                 |  | CURRENT MILEAGE                         |  | ODOMETER ACTUAL (2) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 10,000 LBS (1)<br>(Last case) IN EXCESS OF MECHANICAL LIMITS (8) |  | CODE<br><b>1</b>                              |  |                  |  |
| COLOR CODE (enter appropriate code)*<br>UPPER<br><b>O</b>                                                                                                                                                                                                                                            |  | MOBILE HOME<br>LOTH                            |  | WIDTH                                                  |  | # AXLES                                                                                                                                              |  | GROSS VEHICLE WEIGHT                                                                     |  | *VEHICLE TRADE-IN DESCRIPTION           |  | COMPANY VEHICLE #<br><b>376050</b>                                                                                             |  |                                               |  |                  |  |
| PLATE # (1)<br><b>U495065</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>05/30/2014</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                                         |  | SALE TAX 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 employees 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>08/02/2014</b>               |  |                                                                                                                                |  |                                               |  |                  |  |
| INVOICE NUMBER<br><b>14153 @</b>                                                                                                                                                                                                                                                                     |  | COUNTY NAME<br><b>HAMILTON</b>                 |  | CO NUMBER<br><b>33</b>                                 |  | DATE OF APPLICATION<br><b>08/02/2014</b>                                                                                                             |  | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>W.F. (BILL) KNOWLES</b> |  | HCM27                                   |  |                                                                                                                                |  |                                               |  |                  |  |
| OFFICE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b>                                                                                                                                                                                                                                                  |  | 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>   |  |                                                                                                                                |  |                                               |  |                  |  |