

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

OFFICIAL VEHICLE REGISTRATION



Change: 0.00

ROA-692

| City Stickers:   |  |  |                        |                      |                           |                             |   |                             | S   | TATE      |
|--|--|--|------------------------|----------------------|---------------------------|-----------------------------|---|-----------------------------|---|-----------|
| NEW OR CURRENT TITLE NUMBER  |  |  |                        | TRANSACTION<br>CODE* | REGIST                    | RATION ONLY NUMBE           | R                                       |                             |   |           |
| 94491010   |  |  |                        | N01                  |                           |                             |   |                             | NIII N  | N         |
| OWNER INFORMATION *LEGAL STATUS: 1<br>LAST NAME  | (AND) 2 (OR) E                                   | NTER NAME  | CODE IN BOX 1 (8       | SAME) 2(DIFFERE      | NT) 3(MULTIPLE LAST       | NAMES) 4(COMPAN             | r) 5(OVER 28 CHARACT<br>FIRST NAME      | ERS)                        | MAO N ILU   | /         |
| BSE TRAILER LEASING LLC  |  |  | WIDDEL IN              |                      |                           |                             | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                             |   |           |
| ADDRESS 1 (MAILING) 10233 GOVERNOR LN  | BLVD   |  |                        |                      | ADDRESS 2 (PHYSIC         | AL)                         |   |                             |   |           |
|  |  | MD   | ZIP CO<br>2179         |                      | CITY                      |                             | STATE                                   |                             | ZIP CODE  |           |
| PURCHASE DATE  HAMILTON 033 PURCHASE DATE  10/13/20  |  |  |                        | SERVICE OPTION       |                           |                             | CARD/HEARING IMPAIR                     | RED CLS/YR                  | *INSURANCE POLICY   | #         |
| VEHICLE INFORMATION  | 1 1  | - I  |                        | T - 1-1-1            | T ===:==                  |                             |   |                             |   | Toons 1   |
| VIN  | MAKE   |  | DEL YEAR               |                      | TITLE BRAND - tran        | slation                     | CODE                                    | TYPE OF FU                  | UEL - translation   | CODE      |
| 1JJV532W15L906391  | WAI  |  | JJ 200                 |                      | USED                      |                             | U                                       |                             |   | 9         |
| SURRENDERED TITLE # STATE  |  | PREVIOUS   | STATES TITLED          | VEHICLE U            |                           | CURRENT MILE                | AGE ODOMETER<br>INDICATOR<br>(List one) | OVER 10 YRS<br>IN EXCESS OF | NOT ACTUAL (8)<br>S / 16,000 LBS (1)<br>F MECHANICAL LIMITS (9) | CODE      |
| 557904196094A OK   |  |  | # AXLES                | F<br>GROSS VEHICLE   | S<br>WEIGHT               | *VEHICLE TRADE              | -IN DESCRIPTION                         | COMPANY VEHICLE #           |   |           |
| UPPER LOWER LOWER LGTH WOTH  |  |  |                        | ONOGG VEHICLE        | VERICLE TRADE-            |                             | IN DESCRIPTION                          |                             | 63505   |           |
| PLATE INFORMATION *(required for Title and   | d Danietralian and De                            | ristration Only                                    | u Tennenotione) SEE    | E DEVEDEE CIDE       | EOD COUDI ETE INST        | PLICTIONS                   |   |                             | 00  | 303       |
| PLATE #(1) CLASSCODE/ISS   | UEYR(1)(3) VALI                                  | DATION #(1)  | COUNTY ST              |                      |                           | PLATE #(TRADE IN)(          | CLASS CODE/I                            | SSUE YR(2)                  | EXPIRATION DATE   | (1)(2)(3) |
| U546997 8020/1994  |  |  |                        |                      |                           |                             |   |                             | PERMANENT   |           |
| TDR STICKER #(4) TEMP OPERA  | TOR PERMIT #(3)                                  | # OF SE  | EATS(5) ZONE           | E(COUNTY NAME)       | (6) Us                    | SDOT / REGISTRANT           | #(7)                                    | МС                          | OTOR CARRIER #(8)   |           |
| LIEN INFORMATION (If lien present) LIEN CODE FIRST LIENHOLDER  |  |  |                        |                      |                           |                             |   |                             | LIEN DA   | ΤΕ        |
| SUNTRUS  | T BANK   |  |                        |                      |                           |                             |   |                             | 10/13   | 3/2014    |
| STREET   |  |  |                        | CITY                 | STATE ZIP CODE            |                             |   |                             |   |           |
| 120 E BALTIMORE ST 25 FL LIEN CODE SECOND LIENHOLDER   |  |  |                        | BALTIM               | MD 21202                  |                             |   | TE                          |   |           |
|  |  |  |                        |                      |                           |                             |   |                             |   |           |
| STREET   |  |  |                        | CITY                 | STATE ZIP CODE            |                             |   |                             |   |           |
|  |  |  |                        |                      |                           |                             |   |                             |   |           |
| *LESSEE / REGISTRANT INFORMATION(OWNAME  | VNER OF PLATE)                                   |  | LEGAL STATUS           | NAME                 |                           | AO LILU L                   |   |                             | minimum to the second   |           |
| NAME   |  |  |                        |                      | NAME                      |                             |   |                             |   |           |
| ADDRESS  |  |  |                        | TY                   | STATE ZIP CODE            |                             |   |                             |   |           |
| VEHICLE COST / TAX INFORMATION *(requ  | ired for Title & Regist                          | ration Transac                                     | ctions)                |                      |                           |                             |   |                             |   |           |
|  | E IN ALLOWANCE                                   | 13/1/2/1/2/13/13/13/13/13/13/13/13/13/13/13/13/13/ |                        | AXABLE AMOUNT        |                           | SALESTAX PAID               |   | *TAX EXE                    | MPTION REASON / SALES   | TAX#      |
| DEALER NAME  |  |  | DEALER ADDRE           | ESS                  |                           |                             | -                                       |                             | DEALER#   |           |
|  |  |  |                        |                      |                           |                             |   |                             |   |           |
| *Required for Duplicate Title - T.C.A. 55-3-115  | (submit Illegible or a                           | Itered Certifica                                   | ate of Title)          | T                    |                           |                             |   | Tr                          |   |           |
| L LOST S   | TOLEN  | мі   | UTILATED               | RTI                  | N'D DUE TO NON DEL        | EVERY                       | ALTERED                                 |                             | ILLEGIBLE   |           |
| Under penalties of perjury, I hereby certify all in<br>or its assignees to determine the accuracy of the | formation provided is<br>ne information provided | true and corred by me or or                        | rect to the best of my | y knowledge, and a   | acknowledge that it is no | t the responsibility of the | ne Motor Vehicle Division               |                             |   |           |
| SIGNATURE OF CERTIFIER/OWNER   |  |  | POWER OF               | ATTORNEY/AUTH        | HORIZED SIGNATURE         | IF APPLICABLE)              |   | DATE                        | 11/11/201 <i>4</i>  |           |
| INVOICE NUMBER COUNTY NAME  14315 @ HAMILTON   |  |  | CO NUMBER              | T                    |                           |                             | REGISTRAR OF MOTOR VEHICLE              |                             | ES(COUNTY CLERK) HCM27  |           |
| OFFICE USE ONLY EMISS  | ION: Trailer                                     |  | 33                     |                      | /11/2014                  | (total fees collec          | L) KNOWLES ted Indicated certifies the  | his form as a               | valid registration)   | CI4121    |
| REGISTRATION FEE CREDIT  |  | EASE FEE   |                        | TRANS FEE            | CLERK FEE                 | 12.00                       | 5.50                                    |                             | AL TAX COLLECTED  |           |
| COMPUTATION OF SALES OR  | USE TAX SA                                       | TAX  | LOCAL TAX              | ADDITIONAL TA        | COLLE                     | CTED IN STATE OF            | COUNTY WHEEL TAX                        | CITY                        | Y STICKER FEE   |           |
| *SERVICE OPT FEE ORGAN DO  | NOD I  | POSTAGE  | VE                     |                      | ID / RESIDENCY            |                             | Losine                                  | •***                        | TAL FEES COLLECTED  |           |