



*Jacks*

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



**City Stickers:**

NEW OR CURRENT TITLE NUMBER <b>95526897</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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OWNER INFORMATION: LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 29 CHARACTERS) <input checked="" type="checkbox"/> 4			MAO <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> LU <input checked="" type="checkbox"/>		
LAST NAME <b>BSE TRAILER LEASING LLC</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL

ADDRESS 1 (MAILING) <b>1023 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)
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CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795-0433</b>	CITY	STATE	ZIP CODE
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CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>11/14/2014</b>	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>240 772 5501</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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VEHICLE INFORMATION									
VIN <b>1JJV532D2BL362459</b>	MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>2011</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>	

SURRENDERED TITLE # <b>13510014</b>	STATE <b>ME</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>90162</b>	

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) <b>U594173</b>	CLASS CODE/ISSUE YR(1)(3) <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) <b>PERMANENT</b>
TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)		

LIEN INFORMATION (if lien present)			
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	CITY	LIEN DATE <b>11/14/2014</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>		CITY <b>BALTIMORE</b>	STATE <b>MD</b>
LIEN CODE		SECOND LIENHOLDER	ZIP CODE <b>21202</b>
STREET		CITY	STATE
STREET		CITY	STATE

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)			
NAME	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/> LU <input type="checkbox"/>
ADDRESS		CITY	STATE
ADDRESS		CITY	STATE

VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)			
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID
DEALER NAME		DEALER ADDRESS	DEALER #

*Required for Duplicate Title - T.C.A. 55-2-115 (submit fileable or altered Certificate of Title)					
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RT'ND 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 <b>05/27/2015</b>
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INVOICE NUMBER <b>15147 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>05/27/2015</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HCM27</b>
OFFICE USE ONLY					
REGISTRATION FEE <b>79.75</b>	EMISSION: Trailer	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
TOTAL FEES COLLECTED					<b>97.25</b>