



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

OFFICIAL VEHICLE REGISTRATION



STATE

City Stickers:  
 VIN OR CURRENT TITLE NUMBER: **93602283**  
 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

ST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL

**BSE TRAILER LEASING LLC**

ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL)

**10233 GOVERNOR LN BLVD**

CITY STATE ZIP CODE CITY STATE ZIP CODE

**WILLIAMSPORT MD 21795**

TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE TELEPHONE # \*PLACARD/HEARING IMPAIRED CLS/YR \*INSURANCE POLICY #

**HAMILTON 033 05/06/2014 301 582 1793**

VEHICLE INFORMATION

VIN: **1GRAA0624XS057008**  
 MAKE: **GDAN** MODEL: **1GR** YEAR: **1999** BODY: **SE** TITLE BRAND - translation: **USED** CODE: **U** TYPE OF FUEL - translation: \_\_\_\_\_ CODE: **9**

UNRENDERED TITLE # STATE PREVIOUS STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9) CODE

**76554105 FL F S**

DOLOR CODE (enter appropriate code)\* MOBILE HOME # AXLES GROSS VEHICLE WEIGHT \*VEHICLE TRADE-IN DESCRIPTION COMPANY VEHICLE #

**O 0**

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

LATE # (1) CLASS CODE/ISSUE YR (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)

**U490300 8020/1994 PERMANENT**

DR 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 CITY STATE ZIP CODE LIEN DATE

**SUNTRUST BANK BALTIMORE MD 21202 05/06/2014**

SECOND LIENHOLDER CITY STATE ZIP CODE LIEN DATE

LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS  NAME CODE  MAO  ILU

NAME CITY STATE ZIP CODE

ADDRESS

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 #

\*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)

LOST  STOLEN  MUTILATED  RT'ND DUE TO NON DELIVERY  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

**05/28/2014**

INVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)

**14148 @ HAMILTON 33 05/28/2014 W.F. (BILL) KNOWLES HCM27**

OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)

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 OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE

SALES TAX  USE TAX

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

**97.25**

Post: w/c R/DR 27/5020 Cash: 0.00 Check: 0.00 Credit: 0.00 Auth: Change: 0.00 RCA-552

A22-507