

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

## OFFICIAL VEHICLE REGISTRATION



| LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE STARLER LEASING LLC  ADDRESS 1 (MAILING)  ADDRESS 2 (PHYSICAL)   | o <b>N</b> ILU <b>N</b> |
|--|-------------------------|
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (0R) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 4  LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME NAMES IN TABLE FIRST NAME NAMES IN TABLE IN TA | N N                     |
| BSE TRAILER LEASING LLC  ADDRESS 1 (MAILING)  ADDRESS 2 (PHYSICAL)   |                         |
| ADDRESS 1 (MAILING)  ADDRESS 2 (PHYSICAL)  | MIDDLE INITIAL          |
| AND THE PROPERTY OF THE PROPER |                         |
| 10222 COVEDNOD I NI DI VID   |                         |
| 10233 GOVERNOR LN BLVD  CITY STATE ZIP CODE CITY STATE ZI  | PCODE                   |
| WILLIAMSPORT MD 21795  |                         |
| HAMILTON 033 PURCHASE DATE  10/17/2014 LEASED 0 SERVICE OPTIONS  240 772 5501  | ANCE POLICY #           |
| VEHICLE INFORMATION  VIN MAKE MODEL YEAR BODY TITLE BRAND - translation CODE TYPE OF FUEL - translation  | loops                   |
|  | 800                     |
| 13N14830031516565 FONA 13N 2003 SE USED USED USED STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTUAL (0) NOT ACTUAL  | (8) CODE                |
| 10957589 ME F S  | (1)<br>L LIMITS (9)     |
| COLOR CODE (enter appropriate code)* MOBILE HOME #AXLES GROSS VEHICLE WEIGHT *VEHICLE TRADE-IN DESCRIPTION COMPANY   | VEHICLE#                |
| O LOWER LGTH WDTH  | <b>7</b> 480077         |
| PLATE INFORMATION "(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS  PLATE #(1) CLASS CODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIR   |                         |
| PLATE #(1) CLASSCODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER PLATE #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) EXPIRED TO STICKER #(1)(2) *PLATE #(TRADE IN)(2) *PLATE *(TRADE IN) | PERMANENT               |
| TDR STICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT #(7) MOTOR CARRI  |                         |
|  |                         |
| LIEN INFORMATION (If lien present)   |                         |
| LIEN CODE FIRST LIENHOLDER   | LIEN DATE               |
| SUNTRUST BANK STREET CITY STATE ZI   | 10/17/2014              |
|  | 202                     |
| LIEN CODE SECOND LIENHOLDER  | LIEN DATE               |
| STREET CITY STATE ZI   | P CODE                  |
|  |                         |
| *LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE NAME   |                         |
| IVAME IVAME  |                         |
| 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 RE/  | SON / SALES TAX #       |
| DEALER NAME DEALER ADDRESS DEALER #  |                         |
|  |                         |
| *Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)   | LEGIBLE                 |
| LOST STOLEN MITHATED PTN'D DIE TO NON DELIEVEDY ALTERED  | EGIBLE                  |
|  |                         |
| 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.   |                         |
| 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  | 30/2014                 |
| Juder 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  10/  NVOICE NUMBER  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY)  | CLERK)                  |
| Judder 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.  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  10/  NVOICE NUMBER  CONUMBER  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY 14303  | HCM27                   |
| Juder 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  2. POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  10/  NVOICE NUMBER  COUNTY NAME  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY  14303  HAMILTON  33 10/30/2014  W.F. (BILL) KNOWLES  DEFICE USE ONLY  EMISSION: Trailer  (total fees collected Indicated certifies this form as a valid regist   | HCM27                   |
| Ander 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  10/  NVOICE NUMBER  COUNTY NAME  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY)  14303  | HCM27 ration) LECTED    |

Port: wk48/DR27/8020

SF-1357

Cash: 0.00

Check: 0.00

Check#:

Credit: 0.00

Auth#:

Change: 0.00

RDA-692