



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



City Stickers:

NEW OR CURRENT TITLE NUMBER: **95514051** TRANSACTION CODE: **N01** REGISTRATION ONLY NUMBER: _____ STATE: _____

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 ILU

LAST NAME: **BSE TRAILER LEASING LLC** FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS 1 (MAILING): **10233 GOVERNOR LN BLVD** ADDRESS 2 (PHYSICAL): _____

CITY: **WILLIAMSPORT** STATE: **MD** ZIP CODE: **21795**

TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: **HAMILTON 033** PURCHASE DATE: **03/20/2015** *LEASED *SERVICE OPTIONS TELEPHONE #: **240 772 5501** *PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____

VEHICLE INFORMATION

VIN: **13N14830161532312** MAKE: **FONA** MODEL: **13N** YEAR: **2006** BODY: **SE** TITLE BRAND - translation: **USED** CODE: **U** TYPE OF FUEL - translation: _____ CODE: **9**

SURRENDERED TITLE #: **12555552** STATE: **ME** PREVIOUS STATES TITLED: _____ VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: _____ ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR: _____ OVER 10 YRS / 10,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9): _____ CODE: **1**

COLOR CODE (enter appropriate code)* UPPER: **O** LOWER: _____ MOBILE HOME LGTH: _____ WDT: _____ # AXLES: _____ GROSS VEHICLE WEIGHT: _____ *VEHICLE TRADE-IN DESCRIPTION: _____ COMPANY VEHICLE #: **FA 480151**

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

PLATE #(1): **U587075** CLASSCODE/ISSUEYR(1)(3): **8020/1994** VALIDATION #(1): _____ COUNTY STICKER #(1): _____ CITY STICKER #(1)(2): _____ *PLATE #(TRADE IN)(2): _____ CLASS CODE/ISSUE YR(2): _____ EXPIRATION DATE (1)(2)(3): **PERMANENT**

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: **SUNTRUST BANK** CITY: **BALTIMORE** STATE: **MD** ZIP CODE: **21202** LIEN DATE: **03/20/2015**

STREET: **120 E BALTIMORE ST 25 FL**

LIEN CODE: _____ SECOND LIENHOLDER: _____ CITY: _____ STATE: _____ ZIP CODE: _____ LIEN DATE: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

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

NAME: _____ 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 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 RTN'D DUE TO NON DELIEVERY 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: **04/23/2015**

INVOICE NUMBER: **15113 @** COUNTY NAME: **HAMILTON** CO NUMBER: **33** DATE OF APPLICATION: **04/23/2015** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK): **W.F. (BILL) KNOWLES** HCM27

OFFICE USE ONLY REGISTRATION FEE: **79.75** EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)

CREDIT: _____ LEASE FEE: _____ TRANS FEE: _____ CLERK FEE: _____ ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**

COMPUTATION OF 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: **97.25**

FA480151