



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 94503446	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	STATE
--	--------------------------------	--------------------------	-------

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 28 CHARACTERS) <input type="checkbox"/> 4		MAO <input type="checkbox"/> N	JLU <input type="checkbox"/> N
LAST NAME BSE TRAILER LEASING LLC	FIRST NAME BSE TRAILER LEASING LLC	MIDDLE INITIAL	LAST NAME BSE TRAILER LEASING LLC
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)	
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY WILLIAMSPORT
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 12/18/2014	*LEASED <input type="checkbox"/> 0 *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793
		*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VIN 3H3V532C3GT003037	MAKE HYTR	MODEL 3H3	YEAR 2016	BODY SE	TITLE BRAND - translation NEW	CODE N	TYPE OF FUEL - translation	CODE 9
SURRENDERED TITLE # MSO	STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1	
COLOR CODE (enter appropriate code) UPPER O	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # GT 003037		

PLATE INFORMATION: (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) U556642	CLASS CODE/ISSUE YR(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 applicable)		
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 12/18/2014
STREET 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD
		ZIP CODE 21202
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
STREET	CITY	STATE
		ZIP CODE

LESSOR / REGISTRANT INFORMATION (OWNER OF PLATE)	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	JLU <input type="checkbox"/>
NAME	NAME			
ADDRESS	CITY		STATE	ZIP CODE

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

(Required for Duplicate Title - TCA 35-3-118 (submit electronically on a signed 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 assigns 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 12/29/2014
------------------------------	--	---------------------------

INVOICE NUMBER 14363 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 12/29/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HCM27
OFFICE USE ONLY REGISTRATION FEE 79.75	EMISSION: Trailer	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TITLE FEE 5.50
					TOTAL TAX COLLECTED .00
					*TOTAL FEES COLLECTED 97.25

GT003037