



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



City Stickers:

STATE

NEW OR CURRENT TITLE NUMBER <b>95480921</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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 checked="" type="checkbox"/> 4		
LAST NAME <b>BSE TRAILER LEASING LLC</b>	FIRST NAME <b>LLC</b>	MIDDLE INITIAL
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)	
CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP. LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>01/21/2015</b>	TELEPHONE # <b>240-772-5474</b>
*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		*PLACARD/HEARING IMPAIRED CLS/YR
*INSURANCE POLICY #		

VIN <b>3H3V532C9GT003205</b>	MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2016</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>NEW</b>	CODE <b>N</b>	TYPE OF FUEL - translation	CODE <b>9</b>
SURRENDERED TITLE # <b>MSO</b>	STATE <b>CA</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 LIMITE (9)	CODE <b>1</b>	
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LOTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>GT 003205</b>		

PLATE # (1) <b>U554884</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 CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	LIEN DATE <b>01/21/2015</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
STREET	CITY	STATE
		ZIP CODE <b>21202</b>

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

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

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND 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>01/22/2015</b>
------------------------------	--	---------------------------

INVOICE NUMBER <b>15022 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>01/22/2015</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>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>
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	COUNTY WHEEL TAX	CITY STICKER FEE
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>		

GT 003205