



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 95480936	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 LU N

LAST NAME BSE TRAILER LEASING LLC	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
---	------------	----------------	-----------	------------	----------------

ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
--	----------------------

CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 01/21/2015	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 240-772-5474	*PLACARD/HEARING IMPAIRED C.S.YR	*INSURANCE POLICY #
---	------------------------------------	---	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION

VIN 3H3V532C1GT003215	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 (5) 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 003215
---	------------------------------	---------	----------------------	-------------------------------	---------------------------------------

PLATE INFORMATION *required for title and Registration and Registration Only (non-actor) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE #(1) U554894	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 01/21/2015
-----------	--	--------------------------------

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
--------	------	-------	----------

LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)

NAME	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	LU <input type="checkbox"/>
------	---------------------------------------	------------------------------------	------------------------------	-----------------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

VEHICLE COST / TAX INFORMATION *required for title & Registration (Trade-in)	SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALE TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
--	------------	--------------------	----------------	---------------	-------------------------------------

DEALER NAME	DEALER ADDRESS	DEALER #
-------------	----------------	----------

*Required for duplicate title T.C.A. 55-3-115 (submit if eligible to altered 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 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 01/22/2015
------------------------------	--	---------------------------

INVOICE NUMBER 15022 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 01/22/2015	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HCM27
----------------------------------	--------------------------------	------------------------	--	--	--------------

OFFICE USE ONLY REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .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	COUNTY WHEEL TAX	CITY STICKER FEE
---	------------------	--------	-----------	----------------	-----------------------	------------------	------------------

*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25
------------------	-------------	---------	-----	-----------------------------	---------------------------------------

GT003215