



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>95480938</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER	STATE
--	--------------------------------	--------------------------	-------

OWNER INFORMATION \*LEGAL STATUS: 1 (AND) 2 (OR)  ENTER NAME CODE 1 (BOX 1) 6 (AMB) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 24 CHARACTERS)  4 MAG  N  LU  N

LAST NAME <b>BSE TRAILER LEASING LLC</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	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	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

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

VEHICLE INFORMATION

VIN <b>3H3V532C5GT003217</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 / 18,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (8)	CODE <b>1</b>
-----------------------------------	--------------------	------------------------	-------------------------	--------------------------	-----------------	---	------------------

COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>GT 003217</b>
---	------------------	-------	---------	----------------------	-------------------------------	---------------------------------------

PLATE INFORMATION \*Trade-In for Title and Registration Requirements Only. For more information, SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

PLATE #(1) <b>U554896</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 INFORMATION (if lien present)

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>	ZIP CODE <b>21202</b>
---	--------------------------	--------------------	--------------------------

LIEN CODE	SECOND LIENHOLDER	LIEN DATE
-----------	-------------------	-----------

STREET	CITY	STATE	ZIP CODE
--------	------	-------	----------

LEBSEE / REGISTRANT INFORMATION (OWNER OF PLATE)

NAME	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. 46-3-116 (submit original or 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 <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>6.50</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>
------------------	-------------	---------	-----	-----------------------------	---------------------------------------

GT003217