



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>95480967</b>	TRANSACTION CODE* <b>N01</b>	REGISTRATION ONLY NUMBER	STATE
--	---------------------------------	--------------------------	-------

OWNER INFORMATION *LEGAL STATUS: 1 (ADD) 2 (OR) 3 (ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OWNER'S CHARACTERISTICS) 4						MADE IN	MD	IL	IN								
LAST NAME <b>BSE TRAILER LEASING LLC</b>			FIRST NAME <b>LLC</b>			MIDDLE INITIAL			LAST NAME <b>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			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>3H3V532C1GT003232</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 (6) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (6)		CODE <b>1</b>		
COLOR CODE (enter appropriate code)* UPPER <b>O</b> LOWER	MOBILE HOME LST# WOTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # <b>GT 003232</b>		

PLATE INFORMATION (owner for Title and Registration and Registration ONLY transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
PLATE #(1) <b>U554911</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)(5)		USDOT / REGISTRANT #(7)	MOTOR CARRIER #(6)			

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		

LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)									
NAME <b>GT 003232</b>					NAME				
ADDRESS					ADDRESS				
CITY					CITY				
STATE					STATE				
ZIP CODE					ZIP CODE				

VEHICLE COST / TAX INFORMATION (Indicate if Title & Registration Transactions)									
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT			SALE 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>	EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)				
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 003232