



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



City Stickers:

| | | |
|--|--------------------------------|--------------------------|
| NEW OR CURRENT TITLE NUMBER 95480968 | TRANSACTION CODE N01 | REGISTRATION ONLY NUMBER |
|--|--------------------------------|--------------------------|

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|--|------------------------------------|---|--|--|---------------------|----------------|
| OWNER INFORMATION (LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (GMS) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4 | | | MAC <input checked="" type="checkbox"/> N | ILU <input checked="" type="checkbox"/> 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 CLS/YR | *INSURANCE POLICY # | |

| | | | | | | | | |
|---|------------------------------|------------------------|-------------------------|-------------------------------|---|--|----------------------------|------------------|
| VIN 3H3V532C3GT003233 | 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 / 10,000 LBS (1) <small>(List one) IN EXCESS OF MECHANICAL LIMITS (6)</small> | CODE 1 | |
| COLOR CODE (enter appropriate code)* UPPER O | MOBILE HOME LGTH WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # GT 003233 | | |

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|-------------------------------|--|------------------|------------------------|--------------------------|-----------------------|-------------------------|---|
| PLATE # (1) U554912 | 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 (6) | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8) | | |

| | | |
|---|--|--------------------------------|
| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 01/21/2015 |
| STREET 120 E BALTIMORE ST 25 FL | CITY BALTIMORE | STATE MD |
| LIEN CODE | SECOND LIENHOLDER | LIEN DATE |
| STREET | CITY | STATE |
| STREET | CITY | STATE |

| | | | | |
|--|--------------|-----------|----------|-----|
| LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) | LEGAL STATUS | NAME CODE | MAC | ILU |
| NAME | NAME | | NAME | |
| ADDRESS | CITY | STATE | ZIP CODE | |

| | | | | |
|-------------|--------------------|----------------|---------------|-------------------------------------|
| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALE TAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
| DEALER NAME | DEALER ADDRESS | | DEALER # | |

(Required for Duplicate Title / C.A. 85-9-118 (submit for title 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 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 | EMISSION: Trailor | | <small>(total fees collected indicated certifies this form as a valid registration)</small> | | |
| 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 | *TOTAL FEES COLLECTED 97.25 |

GT 003233