



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>95482814</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER		STATE
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) <input type="checkbox"/> 4 <input type="checkbox"/> N <input type="checkbox"/> N					
LAST NAME <b>BSE TRAILER LEASING LLC</b>		FIRST NAME	MIDDLE INITIAL	LAST 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 CORP. 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>3H3V532C3GT003281</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 / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (6)		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 003281</b>
PLATE INFORMATION (Transfer of title and Registration only from motorist. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS)					
PLATE #(1) <b>U554985</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	
LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME		LEGAL STATUS	NAME CODE	MAG	ILL
ADDRESS		CITY	STATE	ZIP CODE	
VEHICLE COST/TAX INFORMATION (Transfer of Title & Registration from County)					
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #	
DEALER NAME		DEALER ADDRESS		DEALER #	
*Required for Duplicate Title: T.C.A. 55-3-115 (submit duplicate 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>01/27/2015</b>
INVOICE NUMBER <b>15027 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>01/27/2015</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES HCM27</b>	
OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>
COMPUTATION OF SALES OR USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX	TITLE FEE <b>5.50</b>
*SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>		COLLECTED IN STATE OF		COUNTY WHEEL TAX	TOTAL TAX COLLECTED <b>.00</b>
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>

6T003281