



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



City Stickers:

| | | | |
|--|--------------------------------|--------------------------|-------|
| NEW OR CURRENT TITLE NUMBER 95487721 | TRANSACTION CODE N01 | REGISTRATION ONLY NUMBER | STATE |
|--|--------------------------------|--------------------------|-------|

OWNER INFORMATION (LEGAL STATUS) (AND 3.00) ENTER NAME (SEE IN BOX 1) (LAST, FIRST, MIDDLE INITIAL) (MULTIPLE LAST NAMES) (COMPANY) (OWNER) (FRAN) (PER) (M) (N) (U) (N)

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

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

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

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|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|
| CITY OF RESIDENCE (PRINCIPAL BUS OR HOUSHOLD LOCATION) HAMILTON 033 | PURCHASE DATE 02/06/2015 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE # 240 772 5501 | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |
|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|

VEHICLE INFORMATION

| | | | | | | | | |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|---|------------------|----------------------------|------------------|
| VIN 3H3V532C8GT003387 | MAKE HYTR | MODEL 3H3 | YEAR 2016 | BODY SE | TITLE BRAND - translation NEW | CODE N | TYPE OF FUEL - translation | CODE 9 |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|---|------------------|----------------------------|------------------|

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| SURRENDERED TITLE # MSO | STATE CA | PREVIOUS STATES TITLED | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (0) INDICATOR OVER 10 YRS / 10,000 LBS (1) (Last one) IN EXCESS OF MECHANICAL LIMITS (0) | CODE 1 |
|-----------------------------------|--------------------|------------------------|-------------------------|--------------------------|-----------------|---|------------------|

| | | | | | | |
|---|---------------------|-------|---------|----------------------|-------------------------------|---------------------------------------|
| COLOR CODE (enter appropriate code)* UPPER O | MOBILE HOME LGTH | WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # GT 003387 |
|---|---------------------|-------|---------|----------------------|-------------------------------|---------------------------------------|

PLATE INFORMATION (read and follow instructions on back of plate for complete and correct information)

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|-------------------------------|--|------------------|----------------------|-----------------------|-------------------------|-------------------------|---|
| PLATE # (1) U552717 | 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 |
|-------------------------------|--|------------------|----------------------|-----------------------|-------------------------|-------------------------|---|

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|-------------------|----------------------------|----------------|------------------------|--------------------------|---------------------|
| TDR STICKER # (4) | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5) | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8) |
|-------------------|----------------------------|----------------|------------------------|--------------------------|---------------------|

LIEN INFORMATION (IF APPLICABLE)

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| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 02/06/2015 |
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|---|--------------------------|--------------------|--------------------------|
| STREET 120 E BALTIMORE ST 26 FL | CITY BALTIMORE | STATE MD | ZIP CODE 21202 |
|---|--------------------------|--------------------|--------------------------|

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

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

LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)

| | |
|---------|---------------------|
| NAME | NAME |
| ADDRESS | CITY STATE ZIP CODE |

VEHICLE SALES TAX INFORMATION (read and follow instructions on back of plate for complete and correct information)

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|-------------|--------------------|----------------|----------------|-------------------------------------|
| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALES 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"/> RTN'D 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 employees to guarantee the accuracy of the information provided by me or on my behalf.

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|------------------------------|--|---------------------------|
| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE 02/11/2015 |
|------------------------------|--|---------------------------|

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|----------------------------------|--------------------------------|------------------------|--|--|--------------|
| INVOICE NUMBER 15042 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 02/11/2015 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | PBK14 |
|----------------------------------|--------------------------------|------------------------|--|--|--------------|

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| 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 | | |

GT003387