



NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
95504977	N01	

OWNER INFORMATION: *LEGAL STATUS: 1 (AND) 2 (OR) 3 (ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 8 (OVER 25 CHARACTERS)		4		MAD		N		IU			
LAST NAME		FIRST NAME		MIDDLE INITIAL		LAST NAME		FIRST NAME		MIDDLE INITIAL	
BSE TRAILER LEASING LLC											
ADDRESS 1 (MAILING)						ADDRESS 2 (PHYSICAL)					
10233 GOVERNOR LN BLVD											
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
WILLIAMSPORT		MD		21795							
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION		PURCHASE DATE		*LEASED ☒ *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE #		*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	
HAMILTON 033		03/31/2015				240-772-5487					

VEHICLE INFORMATION												
VIN		MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation		CODE	TYPE OF FUEL - translation		CODE	
3H3V532C0GT003528		HYTR	3H3	2016	SE	NEW		N			9	
SURRENDERED TITLE #		STATE	PREVIOUS STATES TITLED		VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (2) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (let one) IN EXCESS OF MECHANICAL LIMITS (8)			CODE	
MSO		CA			F	S					1	
COLOR CODE (enter appropriate code)* UPPER LOWER		MOBILE HOME LGTH WIDTH		# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE #		
O										GT 003528		

PLATE INFORMATION required for title and Registration and Registration Only Transactions. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1)	CLASS CODE/ISSUE YR(1)(3)	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3)
U574249	8020/1994						PERMANENT
TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(6)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)		

LIEN INFORMATION ON (if lien present)			
LIEN CODE	FIRST LIENHOLDER	LIEN DATE	
	SUNTRUST BANK	03/31/2015	
STREET		CITY	STATE ZIP CODE
120 E BALTIMORE ST 25 FL		BALTIMORE	MD 21202
LIEN CODE	SECOND LIENHOLDER	LIEN DATE	
STREET		CITY	STATE ZIP CODE

LESSEE/REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS	NAME CODE	MAO	ILU
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 Suppl. Cert. Title - I.C.A. 55-3-115 (submit Illinois or altered Certificate of Title)					
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RT'ND DUE TO NON DELIEVERY	☐ ALTERED	☐ ILLEGIBLE

Under penalties of perjury, I hereby certify that the 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.

or its assignments to determine the accuracy of the information provided by me or on my behalf.		DATE 04/02/2015
SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	

INVOICE NUMBER		COUNTY NAME	CO NUMBER		DATE OF APPLICATION		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	
15092 @		HAMILTON	33		04/02/2015		W.F. (BILL) KNOWLES	
OFFICE USE ONLY		EMISSION: Trailer						(total fees collected indicated certifies this form as a valid registration)
REGISTRATION FEE		CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75						12.00	5.50	.00
COMPUTATION OF ☐ SALES TAX ☐ 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