



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



City Stickers:

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER	STATE
95509985	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) 5 (OVER 28 CHARACTERS)			4			N			N																				
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 INCOMP LOCATION					PURCHASE DATE					*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>					TELEPHONE #					*PLACARD/HEARING IMPAIRED CLS/YR					*INSURANCE POLICY #				
HAMILTON 033					04/13/2015					SEE REVERSE SIDE FOR INSTRUCTIONS					301 582 1793														

VEHICLE INFORMATION																																		
VIN					MAKE		MODEL		YEAR		BODY		TITLE BRAND - translation					CODE		TYPE OF FUEL - translation					CODE									
3H3V532CXGT003780					HYTR		3H3		2016		SE		NEW					N							9									
SURRENDERED TITLE #					STATE		PREVIOUS STATES TITLED					VEHICLE USE		VEHICLE TYPE		CURRENT MILEAGE					ODOMETER ACTUAL (7) NOT ACTUAL (8)					CODE								
MSO					CA							F		S							(List one) IN EXCESS OF MECHANICAL LIMITS (8)					1								
COLOR CODE (enter appropriate code)*					MOBILE HOME					# AXLES					GROSS VEHICLE WEIGHT					*VEHICLE TRADE-IN DESCRIPTION					COMPANY VEHICLE #									
UPPER					LGTH					WIDTH																				GT 003780				
O																																		

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)		
U575886			8020/1994																		PERMANENT		
TDR STICKER # (4)			TEMP OPERATOR PERMIT # (3)			# OF SEATS (5)			ZONE (COUNTY NAME) (5)			USDOT / REGISTRANT # (7)						MOTOR CARRIER # (8)					

LIEN INFORMATION (if lien is present)															
LIEN CODE		FIRST LIENHOLDER												LIEN DATE	
		SUNTRUST BANK												04/13/2015	

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 <input type="checkbox"/>					NAME CODE <input type="checkbox"/>					MAO <input type="checkbox"/>					TRU <input type="checkbox"/>																													
NAME															NAME																																												
ADDRESS															CITY															STATE															ZIP CODE														

VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)																								
SALE PRICE					TRADE IN ALLOWANCE					TAXABLE AMOUNT					SALE TAX PAID					*TAX EXEMPTION REASON / SALES TAX #				
DEALER NAME										DEALER ADDRESS										DEALER #				

*Required for Duplicate Title - ECA 55-3-115 (submit legible or altered Certificate of Title)																													
<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 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				
																				04/15/2015				

INVOICE NUMBER			COUNTY NAME			CO NUMBER			DATE OF APPLICATION			BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)											
15105 @			HAMILTON			33			04/15/2015			W.F. (BILL) KNOWLES HCM27											

OFFICE USE ONLY																																							
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 OR USE TAX					SA TAX					LOCAL TAX					ADDITIONAL TAX					COLLECTED IN STATE OF					COUNTY WHEEL TAX					CITY STICKER FEE				
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX																																							
*SERVICE OPT FEE					ORGAN DONOR					POSTAGE					VER					ID / RESIDENCY VERIFICATION					*TOTAL FEES COLLECTED														
																														97.25									

GT003780