



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>95522576</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER		STATE
OWNER INFORMATION (LEGAL STATUS: (1) AND (2) OR (3) ENTER NAME CODE IN BOX 1 (SAME 2 DIFFERENT 3) MULTIPLE LAST NAMES (A) (COMPANY) (OVER 28 CHARACTERS) 4 MAG <input type="checkbox"/> N <input type="checkbox"/> LU <input type="checkbox"/> N					
LAST NAME <b>BSE TRAILER LEASING LLC</b>			FIRST NAME <b>LLC</b>		
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 OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>		PURCHASE DATE <b>05/06/2015</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 <b></b>
*INSURANCE POLICY #					
VEHICLE INFORMATION					
VIN <b>3H3V532C2GT004003</b>	MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2016</b>	BODY <b>SE</b>	TITLE BRAND - transmission <b>NEW</b>
CODE <b>N</b>	TYPE OF FUEL - transmission		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 (9)		CODE <b>1</b>			
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH <b></b>	WIDTH <b></b>	# AXLES <b></b>	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION
					COMPANY VEHICLE # <b>GT 004003</b>
PLATE INFORMATION (required for title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE #(1) <b>U590373</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 provided)					
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>				LIEN DATE <b>05/06/2015</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
LESSOR/REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME		LEGAL STATUS		NAME CODE	MAG <input type="checkbox"/> LU <input type="checkbox"/>
ADDRESS		CITY		STATE	ZIP CODE
VEHICLE SALES/TAX INFORMATION (required for Title & Registration Transactions)					
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. 55-3-116) (submit eligible 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 assigns 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>05/13/2015</b>
INVOICE NUMBER <b>15133 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>05/13/2015</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>		EMISSION: Trailer		(total fees collected indicated certify this form as a valid registration)	
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 <b>97.25</b>

GT004003