



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>94503295</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER		STATE
LAST NAME FIRST NAME MIDDLE INITIAL <b>BSE TRAILER LEASING LLC</b>			LAST NAME FIRST 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 OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>		PURCHASE DATE <b>12/18/2014</b>	LEASED <input type="checkbox"/> SERVICE OPTIONS <input checked="" type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301-582-1793</b>	*PLACARD/WEARING IMPAIRED CLS/YR *INSURANCE POLICY #
VIN <b>3H3V532C3GT006018</b>	MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2016</b>	BODY <b>SE</b>	TITLE BRAND - transaction <b>NEW</b>
CODE <b>N</b>	TYPE OF FUEL - transaction		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 COVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (8)		CODE <b>1</b>			
COLOR CODE (enter appropriate code) UPPER LOWER <b>O</b>	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	
					COMPANY VEHICLE # <b>006018</b>
PLATE #(1) <b>U566393</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)(5)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>			LIEN DATE <b>12/18/2014</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
NAME		NAME			
ADDRESS		CITY		STATE	ZIP CODE
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX 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"/> 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>12/29/2014</b>
INVOICE NUMBER <b>14363 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>12/29/2014</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) <b>W.F. (BILL) KNOWLES HCM27</b>	
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>	EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)		
CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
TOTAL TAX COLLECTED <b>.00</b>					
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 <b>97.25</b>

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