



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 94501109		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER		STATE
LAST NAME BSE TRAILER LEASING LLC		FIRST NAME	MIDDLE INITIAL	LAST NAME BSE TRAILER LEASING LLC	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)			
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY		STATE MD
CITY OF RESIDENCE/PRINCIPAL BUS OR INOPER. LOCATION HAMILTON 033	PURCHASE DATE 12/05/2014	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 240 772 5474	*PLACARD/WEARING IMPAIRED CLR/AYR	*INSURANCE POLICY #
VIN 3H3V532C8GT019086	MAKE HYTR	MODEL 3H3	YEAR 2016	BODY SE	TITLE BRAND - translation NEW
SURRENDERED TITLE # MSO	STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE
COLOR CODE (enter appropriate code) UPPER O	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION
PLATE INFORMATION (Consult Reverse Side for Complete Instructions)					COMPANY VEHICLE # CT 019086
PLATE #(1) U556186	CLASSCODE/ISSUEYR(1)(3) 8020/1994	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)
TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(6)	ZONE(COUNTY NAME)(8)	USDOT / REGISTRANT #(7)	CLASS CODE/ISSUE YR(2)
LIEN INFORMATION (Consult Reverse Side for Complete Instructions)					EXPIRATION DATE (1)(2)(3) PERMANENT
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK			LIEN DATE 12/05/2014	
STREET 120 E BALTIMORE ST 25 FL		CITY BALTIMORE		STATE MD	ZIP CODE 21202
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"/> RTND 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 12/18/2014	
INVOICE NUMBER 14352 @	COUNTY NAME HAMILTON	GO NUMBER 33	DATE OF APPLICATION 12/18/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	
OFFICE USE ONLY EMISSION: Trailer (Total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	TITLE FEE 5.50
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL TAX COLLECTED .00
					TOTAL FEES COLLECTED 97.25

CT 019086