



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 94501468	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	STATE
--	--------------------------------	--------------------------	-------

OWNER INFORMATION *LEGAL STATUS: 1 (AND 2 OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (NAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <input checked="" type="checkbox"/> 4						MAO <input checked="" type="checkbox"/> N	LU <input checked="" type="checkbox"/> N
LAST NAME BSE TRAILER LEASING LLC			FIRST NAME			MIDDLE INITIAL	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD				ADDRESS 2 (PHYSICAL)			
CITY WILLIAMSPORT		STATE MD		ZIP CODE 21795			
CITY OF RESIDENCE/PRINCIPAL BUS OR CORP LOCATION HAMILTON 033		PURCHASE DATE 12/05/2014		*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>		TELEPHONE # 240 772 5474	
				*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	

VEHICLE INFORMATION:									
VIN 3H3V532C2GT019164	MAKE HYTR	MODEL 3H3	YEAR 2016	BODY SE	TITLE BRAND - translation NEW		CODE N	TYPE OF FUEL - translation	CODE 9
SURRENDERED TITLE # MSO	STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) <small>(List one) IN EXCESS OF MECHANICAL LIMITS (9)</small>			CODE 1
COLOR CODE (enter appropriate code) UPPER O	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # GT 019164	

PLATE INFORMATION: (required for Title and Registration and Registration-Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
PLATE # (1) U556264	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) PERMANENT		
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)		USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)			

LIEN INFORMATION (if lien present)									
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	

LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)									
NAME					NAME				
ADDRESS					ADDRESS				
CITY			CITY			STATE		ZIP CODE	

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

<small>(Required for Duplicate Title - T.C.A. 55-3-15 (a)(b)(iii) Ineligible or altered Certificate of Title)</small>									
<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 12/19/2014
------------------------------	--	---------------------------

INVOICE NUMBER 14353 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 12/19/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES			PBK14
OFFICE USE ONLY REGISTRATION FEE 79.75	EMISSION: Trailer		(total fees collected indicated certifies 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	COUNTY WHEEL TAX	CITY STICKER FEE
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25		

GT 019164