



VEHICLE TAXPAYER SERVICES DIVISION
MULTI-PURPOSE APPLICATION
OFFICIAL VEHICLE REGISTRATION



TA 876934

STATE

Stickers:
OR CURRENT TITLE NUMBER: **1614765** TRANSACTION CODE: **N01** REGISTRATION ONLY NUMBER: _____

ENTER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) **4** MAO ILU

NAME: **SE TRAILER LEASING LLC**
FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS 1 (MAILING): **1233 GOVERNOR LN BLVD** ADDRESS 2 (PHYSICAL): _____
STATE: **MD** ZIP CODE: **21795** CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: **240 772 5501** *PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____

VEHICLE INFORMATION

VIN: **JJV532W81L736556** MAKE: **WABA** MODEL: **1JJ** YEAR: **2001** BODY: **SE** TITLE BRAND - translation: **USED** CODE: **U** TYPE OF FUEL - translation: _____ CODE: **9**

VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: _____ ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (8): _____ CODE: **1**

COMPANY VEHICLE #: **TA 876934**

EXPIRATION DATE (1)(2)(3): **PERMANENT**

CLASS CODE/ISSUE YR(2): **8020/1994**

STICKER #(4): **523469** TEMP OPERATOR PERMIT #(3): _____ # OF SEATS(5): _____ ZONE(COUNTY NAME)(6): _____ USDOT / REGISTRANT #(7): _____ MOTOR CARRIER #(8): _____

LIEN INFORMATION (if lien present)

FIRST LIENHOLDER: **SUNTRUST BANK** LIEN DATE: **06/20/2014**
CITY: **BALTIMORE** STATE: **MD** ZIP CODE: **21202**
ADDRESS: **120 E BALTIMORE ST 25 FL**

SECOND LIENHOLDER: _____ LIEN DATE: _____
CITY: _____ STATE: _____ ZIP CODE: _____

REGISTRANT INFORMATION (OWNER OF PLATE)

LEGAL STATUS: NAME CODE: MAO: ILU:

NAME: _____ CITY: _____ STATE: _____ ZIP CODE: _____

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)

TRADE IN ALLOWANCE: _____ TAXABLE AMOUNT: _____ SALESTAX PAID: _____ *TAX EXEMPTION REASON / SALES TAX #: _____

DEALER NAME: _____ DEALER ADDRESS: _____ DEALER #: _____

VEHICLE CONDITION

LOST: STOLEN: MUTILATED: RTN'D DUE TO NON DELIVERY: ALTERED: ILLEGIBLE:

POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): _____ DATE: **07/09/2014**

REGISTRATION INFORMATION

COUNTY NAME: **HAMILTON** COUNTY NUMBER: **33** DATE OF APPLICATION: **07/09/2014** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK): **W.F. (BILL) KNOWLES** HCM27

REGISTRATION FEE: **9.75** CREDIT: _____ LEASE FEE: _____ TRANS FEE: _____ CLERK FEE: _____ ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**

SALES TAX: USE TAX: _____ SALES OR USE TAX: _____ SA TAX: _____ LOCAL TAX: _____ ADDITIONAL TAX: _____ COLLECTED IN STATE OF: _____ COUNTY WHEEL TAX: _____ CITY STICKER FEE: _____

ORGAN DONOR: _____ POSTAGE: _____ VER: _____ ID / RESIDENCY VERIFICATION: _____ *TOTAL FEES COLLECTED: **97.25**