



VEHICLE TAXPAYER SERVICES DIVISION
MULTI-PURPOSE APPLICATION
OFFICIAL VEHICLE REGISTRATION



TA93775

STATE

My Stickers:

OR CURRENT TITLE NUMBER 3614776	TRANSACTION CODE* N01	REGISTRATION ONLY NUMBER
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4		MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME
SE TRAILER LEASING LLC			
ADDRESS 1 (MAILING)	ADDRESS 2 (PHYSICAL)		
0233 GOVERNOR LN BLVD			
STATE	ZIP CODE	CITY	STATE ZIP CODE
MD	21795		
TELEPHONE #	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #	
240 772 5501			

VEHICLE IDENTIFICATION NUMBER (VIN)	MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
JJV532W93L844316	WABA	1JJ	2003	SE	USED	U		9
REGISTERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	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
2259200037	IL		F	S				1
VEHICLE CODE (enter appropriate code)* R LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #		
						TA-93775		

VEHICLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
CLASS CODE/ISSUE YR(1)(3)	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3)	
U523475	8020/1994					PERMANENT	
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	LIEN DATE	
	SUNTRUST BANK	06/20/2014	
VEHICLE IDENTIFICATION NUMBER (VIN)	CITY	STATE	ZIP CODE
120 E BALTIMORE ST 25 FL	BALTIMORE	MD	21202
LIEN CODE	SECOND LIENHOLDER	LIEN DATE	

REGISTRANT INFORMATION (OWNER OF PLATE)	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME				
CITY	STATE	ZIP CODE		

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
VEHICLE 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. 55-3-115 (submit Illegible or altered Certificate of Title)					
<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

I, the undersigned, certify that the 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 to determine the accuracy of the information provided by me or on my behalf.

NATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE
		07/09/2014

COUNTY NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)	
4190 @	HAMILTON	33	07/09/2014	W.F. (BILL) KNOWLES	
REGISTRATION FEE	EMISSION: Trailer			(total fees collected indicated certifies this form as a valid registration)	
9.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	TOTAL TAX COLLECTED
				12.00	5.50
SALES TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX
					.00
SALES TAX <input type="checkbox"/> USE TAX	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED
					97.25