



VEHICLE TAXPAYER SERVICES DIVISION  
MULTI-PURPOSE APPLICATION  
OFFICIAL VEHICLE REGISTRATION



T947725

STATE

by Stickers:

OR CURRENT TITLE NUMBER <b>3614784</b>	TRANSACTION CODE* <b>N01</b>	REGISTRATION ONLY NUMBER
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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 <b>SE TRAILER LEASING LLC</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS 1 (MAILING) <b>0233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)				
STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY		STATE	ZIP CODE
TELEPHONE # <b>240 772 5501</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #			

VEHICLE INFORMATION

VEHICLE IDENTIFICATION # <b>JJV532WX4L873583</b>	MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>2004</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
REGISTERED TITLE # <b>3343006003</b>	STATE <b>IL</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER INDICATOR <b>1</b>	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>	

REGISTRATION INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASS CODE/ISSUE YR(1)(3) <b>U523480</b>	VALIDATION # (1) <b>8020/1994</b>	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>
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LIEN INFORMATION (if lien present)

LIEN HOLDER <b>SUNTRUST BANK</b>	LIEN DATE <b>06/20/2014</b>
ADDRESS <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>
STATE <b>MD</b>	ZIP CODE <b>21202</b>

REGISTRANT INFORMATION (OWNER OF PLATE)

REGISTRANT NAME	CITY	STATE	ZIP CODE
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VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
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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"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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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 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 <b>07/09/2014</b>
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COUNTY NUMBER <b>4190 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>07/09/2014</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HCM27</b>
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REGISTRATION FEE <b>\$9.75</b>	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>
SALES 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 <b>97.25</b>			