



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>94488936</b>	TRANSACTION CODE <b>N01</b>	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) <b>4</b> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>		
LAST NAME <b>BSE TRAILER LEASING LLC</b>	FIRST NAME <b>10233 GOVERNOR LN BLVD</b>	MIDDLE INITIAL
ADDRESS 1 (MAILING)		ADDRESS 2 (PHYSICAL)
CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>
CITY <b>HAMILTON 033</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE <b>10/01/2014</b>	TELEPHONE # <b>240-772-5501</b>
*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		*PLACARD/HEARING IMPAIRED CLS/YR <b>4</b>
*INSURANCE POLICY #		

VIN <b>1PT01JAH8V6004082</b>	MAKE <b>TRIM</b>	MODEL <b>1PT</b>	YEAR <b>1997</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
SURRENDERED TITLE # <b>558208157026A</b>	STATE <b>OK</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>	
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH <b>WOTH</b>	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>753082</b>		

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>U546204</b>	CLASS CODE/ISSUE YR (1)(3) <b>8020/1994</b>	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>
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 <b>SUNTRUST BANK</b>	LIEN DATE <b>10/01/2014</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>
STATE <b>MD</b>	ZIP CODE <b>21202</b>
LIEN CODE <b>SECOND LIENHOLDER</b>	LIEN DATE
STREET	CITY
STATE	ZIP CODE

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

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALE 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"/> 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 <b>11/04/2014</b>

INVOICE NUMBER <b>14308 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>11/04/2014</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HCM27</b>
OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	TOTAL TAX COLLECTED <b>.00</b>
*SERVICE OPT FEE				ORGAN DONOR	POSTAGE
VER				ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>