



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>94488954</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>		LAST NAME <b>BSE TRAILER LEASING LLC</b>
FIRST NAME <b>10233 GOVERNOR LN BLVD</b>		FIRST NAME <b>10233 GOVERNOR LN BLVD</b>
MIDDLE INITIAL <b>WILLIAMSPORT</b>		MIDDLE INITIAL <b>WILLIAMSPORT</b>
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL) <b>10233 GOVERNOR LN BLVD</b>
CITY <b>WILLIAMSPORT</b>		CITY <b>WILLIAMSPORT</b>
STATE <b>MD</b>		STATE <b>MD</b>
ZIP CODE <b>21795</b>		ZIP CODE <b>21795</b>
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	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 # <b>822511</b>		

VEHICLE INFORMATION									
VIN <b>1H2V04824HE001001</b>	MAKE <b>FRUE</b>	MODEL <b>1H2</b>	YEAR <b>1987</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation <b>U</b>	CODE <b>9</b>	
SURRENDERED TITLE # <b>558208122010A</b>	STATE <b>OK</b>	PREVIOUS STATES TITLED <b>OK</b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE <b>1</b>	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>822511</b>	WIDTH <b>822511</b>	# AXLES <b>822511</b>	GROSS VEHICLE WEIGHT <b>822511</b>	*VEHICLE TRADE-IN DESCRIPTION <b>822511</b>	COMPANY VEHICLE # <b>822511</b>			

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
PLATE # (1) <b>U546216</b>	CLASS CODE/ISSUE YR (1)(3) <b>8020/1994</b>	VALIDATION # (1) <b>PERMANENT</b>	COUNTY STICKER # (1) <b>PERMANENT</b>	CITY STICKER # (1)(2) <b>PERMANENT</b>	*PLATE # (TRADE IN) (2) <b>PERMANENT</b>	CLASS CODE/ISSUE YR (2) <b>PERMANENT</b>	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>		
TDR STICKER # (4) <b>PERMANENT</b>	TEMP OPERATOR PERMIT # (3) <b>PERMANENT</b>	# OF SEATS (5) <b>PERMANENT</b>	ZONE (COUNTY NAME) (6) <b>PERMANENT</b>	USDOT / REGISTRANT # (7) <b>PERMANENT</b>	MOTOR CARRIER # (8) <b>PERMANENT</b>				

LIEN INFORMATION (if lien present)									
LIEN CODE <b>SUNTRUST BANK</b>	FIRST LIENHOLDER <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>	SECOND LIENHOLDER <b>SECOND LIENHOLDER</b>							LIEN DATE	
STREET <b>SECOND LIENHOLDER</b>	CITY <b>SECOND LIENHOLDER</b>	STATE <b>SECOND LIENHOLDER</b>	ZIP CODE <b>SECOND LIENHOLDER</b>						

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

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

*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 <b>SIGNATURE OF CERTIFIER/OWNER</b>	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) <b>POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)</b>	DATE <b>11/04/2014</b>
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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>	HCM27
OFFICE USE ONLY					
REGISTRATION FEE <b>79.75</b>	CREDIT <b>EMISSION: Trailer</b>	LEASE FEE <b>LEASE FEE</b>	TRANS FEE <b>TRANS FEE</b>	CLERK FEE <b>CLERK FEE</b>	ISSUANCE FEE <b>12.00</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX <b>SALES OR USE TAX</b>	SA TAX <b>SA TAX</b>	LOCAL TAX <b>LOCAL TAX</b>	ADDITIONAL TAX <b>ADDITIONAL TAX</b>	COLLECTED IN STATE OF <b>COLLECTED IN STATE OF</b>
*SERVICE OPT FEE <b>*SERVICE OPT FEE</b>	ORGAN DONOR <b>ORGAN DONOR</b>	POSTAGE <b>POSTAGE</b>	VER <b>VER</b>	ID / RESIDENCY VERIFICATION <b>ID / RESIDENCY VERIFICATION</b>	*TOTAL FEES COLLECTED <b>97.25</b>