



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



042817

City Stickers:

NEW OR CURRENT TITLE NUMBER 93614833	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) <input checked="" type="checkbox"/> 4						MAD <input checked="" type="checkbox"/> N		ILU <input checked="" type="checkbox"/> N									
LAST NAME BSE TRAILER LEASING LLC			FIRST NAME			MIDDLE INITIAL			LAST NAME			FIRST NAME			MIDDLE INITIAL		
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD						ADDRESS 2 (PHYSICAL)											
CITY WILLIAMSPORT			STATE MD			ZIP CODE 21795			CITY			STATE			ZIP CODE		
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033			PURCHASE DATE 06/19/2014			*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>			TELEPHONE # 240 772 5501			*PLACARD/HEARING IMPAIRED CLS/YR			*INSURANCE POLICY #		

VEHICLE INFORMATION																	
VIN 1JJV532W61L742596		MAKE WABA		MODEL 1JJ		YEAR 2001		BODY SE		TITLE BRAND - translation USED		CODE U		TYPE OF FUEL - translation		CODE 9	
SURRENDERED TITLE # 556900313032C		STATE OK		PREVIOUS STATES TITLED		VEHICLE USE F		VEHICLE TYPE S		CURRENT MILEAGE		ODOMETER ACTUAL (0) NOT ACTUAL (8) <small>(List one) IN EXCESS OF MECHANICAL LIMITS (9)</small>		CODE 1			
COLOR CODE (enter appropriate code)* UPPER O LOWER		MOBILE HOME LGTH WIDTH		# AXLES		GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION				COMPANY VEHICLE # 042817					

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS															
PLATE #(1) U523497		CLASSCODE/ISSUEYR(1)(3) 8020/1994		VALIDATION #(1)		COUNTY STICKER #(1)		CITY STICKER #(1)(2)		*PLATE #(TRADE IN)(2)		CLASS CODE/ISSUE YR(2)		EXPIRATION DATE (1)(2)(3) PERMANENT	
TDR STICKER #(4)		TEMP OPERATOR PERMIT #(3)		# OF SEATS(5)		ZONE(COUNTY NAME)(6)		USDOT / REGISTRANT #(7)				MOTOR CARRIER #(8)			

LIEN INFORMATION (if applicable)													
LIEN CODE		FIRST LIENHOLDER SUNTRUST BANK								LIEN DATE 06/19/2014			
STREET 120 E BALTIMORE ST 25 FL				CITY BALTIMORE				STATE MD		ZIP CODE 21202			
LIEN CODE		SECOND LIENHOLDER								LIEN DATE			
STREET				CITY				STATE		ZIP CODE			

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)				LEGAL STATUS <input type="checkbox"/>		NAME CODE <input type="checkbox"/>		MAD <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		SALESTAX PAID		*TAX EXEMPTION REASON / SALES TAX #			
DEALER NAME				DEALER ADDRESS				DEALER #			

<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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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 07/09/2014	
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INVOICE NUMBER 14190 @		COUNTY NAME HAMILTON		CO NUMBER 33		DATE OF APPLICATION 07/09/2014		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES				HCM27			
OFFICE USE ONLY															
REGISTRATION FEE 79.75		CREDIT		LEASE FEE		TRANS FEE		CLERK FEE		ISSUANCE FEE 12.00		TITLE FEE 5.50		TOTAL TAX COLLECTED .00	
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		SALES OR USE TAX		SA TAX		LOCAL TAX		ADDITIONAL TAX		COLLECTED IN STATE OF		COUNTY WHEEL TAX		CITY STICKER FEE	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION				*TOTAL FEES COLLECTED 97.25			