



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 95504996		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER		STATE
OWNER INFORMATION (LEGAL STATUS 1 AND 2 OR 3) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4 N 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 INDOOR LOCATION HAMILTON 033	PURCHASE DATE 03/31/2015	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # 240-772-5487	*PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #
VEHICLE INFORMATION					
VIN 3H3V532C7GT003543	MAKE HYTR	MODEL 3H3	YEAR 2016	BODY SE	TITLE BRAND - translation NEW
SURRENDERED TITLE # MSO	STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE
COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	
COMPANY VEHICLE # GT 003543				CODE 9	
PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE # (1) U574264	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)
EXP. DATE (1)(2)(3) PERMANENT			CLASS CODE/ISSUE YR (2)		
TOR 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 SUNTRUST BANK				LIEN DATE 03/31/2015
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)					
NAME		LEGAL STATUS	NAME CODE	MAO	ILU
ADDRESS		CITY	STATE		ZIP CODE
VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)					
SALE PRICE	TRADE IN ALLOWANCE		TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME		DEALER ADDRESS		DEALER #	
*Required for Duplicate Title (CGA 56-3-115) (duplicate title is created) (date 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 04/02/2015
INVOICE NUMBER 15092 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 04/02/2015	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES/COUNTY CLERK W.F. (BILL) KNOWLES	
OFFICE USE ONLY REGISTRATION FEE 79.75		EMISSION: Trailer (Total fees collected indicated certifies this form as a valid registration)			
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
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25