



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



STATE

City Stickers:

NEW OR CURRENT TITLE NUMBER <b>95509937</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

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 MAG:  N  I  J  N

LAST NAME <b>BSE TRAILER LEASING LLC</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
---	------------	----------------	-----------	------------	----------------

ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)
--	----------------------

CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

CITY OF RESIDENCE (PRINCIPAL BUS OR INCORP LOCATION) <b>HAMILTON 033</b>	PURCHASE DATE <b>04/13/2015</b>	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---	------------------------------------	---	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION									
VIN <b>3H3V532C7GT003767</b>	MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2016</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>NEW</b>	CODE <b>N</b>	TYPE OF FUEL - translation	CODE <b>9</b>	

SURRENDERED TITLE # <b>MSO</b>	STATE <b>CA</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (0) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (0)	CODE <b>1</b>
-----------------------------------	--------------------	------------------------	-------------------------	--------------------------	-----------------	---	------------------

COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH	MOBILE HOME WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>GT 003767</b>
---	------------------	-------------------	---------	----------------------	-------------------------------	---------------------------------------

PLATE INFORMATION (required for title & registration) (see reverse side for complete instructions)							
PLATE #(1) <b>U575873</b>	CLASS CODE/ISSUE YR(1)(2) <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 DATE
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</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	SECOND LIENHOLDER	CITY	STATE	ZIP CODE
-----------	-------------------	------	-------	----------

PLESSER / REGISTRANT INFORMATION (OWNER OF PLATE)				LEGAL STATUS	NAME CODE	MAG	ILL
NAME		CITY		STATE		ZIP CODE	

SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
------------	--------------------	----------------	----------------	-------------------------------------

DEALER NAME	DEALER ADDRESS	DEALER #
-------------	----------------	----------

\*Required by Duplicate Title - T.C.A. 55-3-116 (subject to applicable 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 employees 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>04/15/2015</b>
------------------------------	--	---------------------------

INVOICE NUMBER <b>15105 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>04/15/2015</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HCM27</b>
----------------------------------	--------------------------------	------------------------	--	--	--------------

OFFICE USE ONLY REGISTRATION FEE <b>79.75</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>
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 <b>97.25</b>
------------------	-------------	---------	-----	-----------------------------	---------------------------------------

GT003767