



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>95522577</b>	TRANSACTION CODE* <b>N01</b>	REGISTRATION ONLY NUMBER	STATE
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OWNER INFORMATION *LEGAL STATUS (1) (IND 2) (CR)		ENTER NAME CODE IN BOX (1) (SAME 2) (DIFFERENT 3) (MULTIPLE LAST NAMES) (COMPANY) (OVER 29 CHARACTERS) <b>4</b>		MAO <input checked="" type="checkbox"/>	ICU <input checked="" type="checkbox"/>
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 HOORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>05/06/2015</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE BUS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>240-772-5474</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

GT004004

VEHICLE INFORMATION										
VIN <b>3H3V532C4GT004004</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 (8) INDICATOR OVER 10 YRS / 18,000 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 WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>GT 004004</b>				

PLATE INFORMATION *Required for Title and Registration and Registration Only Transactions. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS										
PLATE #(1) <b>U590374</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	FIRST LIENHOLDER <b>SUNTRUST BANK</b>				LIEN DATE <b>05/06/2015</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				LIEN DATE				
STREET			CITY		STATE	ZIP CODE			

LESSOR / REGISTRANT INFORMATION (OWNER OF PLATE)									
NAME		LEGAL STATUS	NAME CODE	MAO	ICU	NAME			
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 - TCA 55-3-115 (submit title to the correct court/city 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>05/13/2015</b>
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INVOICE NUMBER <b>15133 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>05/13/2015</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>	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	COUNTY WHEEL TAX	CITY STICKER FEE		
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>				