

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

OFFICIAL VEHICLE REGISTRATION



108.25

								STAT	IE_
NEW OR CURRENT TITLE NO	JMBER			TRANSACTION CODE*	REGIST	RATION ONLY NUMBER	2		
97744881				N01					
								4 MAO N ILU N	
OWNER INFORMATION *LEG LAST NAME		ST NAME	E CODE IN BOX 1 (SA MIDDLE INIT	-	_	NAMES) 4(COMPANY)	5(OVER 28 CHARACTERS)	MAON ILUN	
BSE TRAILER		STNAME	MIDDLE INIT	IAL	LAST NAME		FIRST NAME	MIDDLE INTIAL	
	LEASING LLC								
ADDRESS 1 (MAILING)					ADDRESS 2 (PHYSIC	CAL)			
10233 GOVER	NOR LN BLVD								
CITY		STATE	ZIP COI	DE	CITY		STATE	ZIP CODE	
WILLIAMSPOR	RT	MD	21795						
CNTY OF RESIDENCE/PRINCIPAL BUS O	R INCORP LOCATION PURC	CHASE DATE			TELEPHONE	# PLAC	ARD/HEARING IMPAIRED C	CLS/YR *INSURANCE POLICY#	
HAMILTON 03	3 0	4/05/2016	*LEASED U *SE	ERVICE OPTION OR INSTRUCTIONS	240-7	772-5487			
VEHICLE INFORMATION			HOLES ES						
VIN	N	AKE M	ODEL YEAR	BODY	TITLE BRAND - tran	nslation	CODE TYP	E OF FUEL - translation COL	DE
1JJV532W13L	822004	WABA .	1JJ 2003	SE SE			U	9	
SURRENDERED TITLE #			IS STATES TITLED	VEHICLE U	SE VEHICLE TYPE	CURRENT MILEA			ODE
			S STATES TITLED			CORRENT MILEA	INDICATOR OVER	UAL (0) NOT ACTUAL (8) CO R 10 YRS / 16,000 LBS (1) CESS OF MECHANICAL LIMITS (9)	ODE
00K500719402	-	AZ		F	S		(23,510)	Jacob de major a distributo (c)	1
COLOR CODE (enter appropriate UPPER LOWER	code)* MOBILE HOME	DTH	# AXLES G	ROSS VEHICLE	WEIGHT	*VEHICLE TRADE-I	N DESCRIPTION	COMPANY VEHICLE #	
0								54501	3
PLATE INFORMATION *(requ	red for Title and Registration	and Registration Or	nly Transactions) SEE I	REVERSE SIDE	FOR COMPLETE INST	RUCTIONS			
PLATE #(1) CL	ASSCODE/ISSUEYR(1)(3)	VALIDATION #(1) COUNTY STIC	CKER #(1) CI		*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE	EYR(2) EXPIRATION DATE (1)(2)(3)
U678566	8020/1994							PERMANE	NT
TDR STICKER #(4)	TEMP OPERATOR PERMIT	T#(3) # OF S	SEATS(5) ZONE(0	COUNTY NAME)	(6) U:	SDOT / REGISTRANT #	(7)	MOTOR CARRIER #(8)	
LIEN INFORMATION (If lien p	recent)								
LIEN CODE FIRST LIEN								LIEN DATE	
SL	INTRUST BAN	K						04/05/20	116
STREET					CITY		STATE	ZIP CODE	,10
120 E BA	LTIMORE ST	25 FL			BALTIM	IORE	MI		
LIEN CODE SECOND L	IENHOLDER							LIEN DATE	
STREET					CITY		STATE	ZIP CODE	
STREET					CITY		STATE	ZIP CODE	
	ORMATION(OWNER OF PL	ATE)	LEGAL STATUS	NAME		SAO IIII	STATE	ZIP CODE	
STREET *LESSEE / REGISTRANT INFO	ORMATION(OWNER OF PL	ATE)	LEGAL STATUS	NAME		MAO ILU	STATE	ZIP CODE	
*LESSEE / REGISTRANT INFO NAME	ORMATION(OWNER OF PL	ATE)	LEGAL STATUS		CODE NAME	IAO ILU	STATE	ZIP CODE	
*LESSEE / REGISTRANT INF	ORMATION(OWNER OF PL	ATE)	LEGAL STATUS	NAME CI	CODE NAME	IAO ILU	STATE	ZIP CODE ZIP CODE	
*LESSEE / REGISTRANT INFO NAME ADDRESS					CODE NAME	AAO ILU			
*LESSEE / REGISTRANT INFO NAME		k Registration Trans.	actions)		CODE NAME	SALESTAX PAID	STATE	ZIP CODE	
LESSEE / REGISTRANT INFO NAME ADDRESS VEHICLE COST / TAX INFOR	MATION_(required for Title	k Registration Trans.	actions)	Cr	CODE NAME		STATE		*
LESSEE / REGISTRANT INFO NAME ADDRESS VEHICLE COST / TAX INFOR	MATION_(required for Title	k Registration Trans.	actions)	CI KABLE AMOUNT	CODE NAME		STATE	ZIP CODE	#
*LESSEE / REGISTRANT INFO NAME ADDRESS VEHICLE COST / TAX INFOR SALE PRICE DEALER NAME	MATION *(required for Title trade in ALLOW	s. Registration Trans.	actions) TAX DEALER ADDRES	CI KABLE AMOUNT	CODE NAME		STATE	ZIP CODE AX EXEMPTION REASON / SALES TAX #	*
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*LESSEE / REGISTRANT INFO NAME ADDRESS VEHICLE COST / TAX INFOR SALE PRICE DEALER NAME *Required for Duplicate Title - LOST	MATION *(required for Title in TRADE IN ALLOW	Registration Trans.	DEALER ADDRES	CI KABLE AMOUNT SS	CODE NAME TY N'D DUE TO NON DEL	SALESTAX PAID	STATE *T/	ZIP CODE AX EXEMPTION REASON / SALES TAX #	#
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*LESSEE / REGISTRANT INFO NAME ADDRESS VEHICLE COST / TAX INFOR SALE PRICE DEALER NAME *Required for Duplicate Title - LOST Juder penalties of perjury, I her or its assignees to determine the SIGNATURE OF CERTIFIER (NVOICE NUMBER 16113 @ DFFICE USE ONLY	TRADE IN ALLOW TRADE IN ALLOW TC A, 55-3-115 (submit lileg STOLEN TO A STOLEN	ANCE ible or altered Certified by the or of the oreal the or of t	DEALER ADDRES icate of Title) MUTILATED rect to the best of my lon my behalf. POWER OF A CO NUMBER 33	CI KABLE AMOUNT ES RTI knowledge, and a TTORNEY/AUTH DATE OF AR 04	NAME TY N'D DUE TO NON DEL	SALESTAX PAID SEVERY ot the responsibility of the (IF APPLICABLE) BY AUTHORITY OF W.F. (BILL	ALTERED Motor Vehicle Division REGISTRAR OF MOTOR V L) KNOWLES	ZIP CODE AX EXEMPTION REASON / SALES TAX # DEALER # ILLEGIBLE DATE 04/22/2016 EHICLES(COUNTY CLERK) HCM	
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