

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

OFFICIAL VEHICLE REGISTRATION



| City Stickers:  |   |  |                     |                           |                     |                                      |                 |           |                                   |                          |          |  | STATE                |  |
|---|---|--|---------------------|---------------------------|---------------------|--------------------------------------|-----------------|-----------|-----------------------------------|--------------------------|----------|--|----------------------|--|
| NEW OR CURRENT TITLE NUMBER 97742256  |   |  |                     |                           | RANSACTION NO1      | REGISTRATION ONLY NUMBER             |                 |           |                                   |                          |          |  |                      |  |
|   |   |  | 100                 |                           |                     |                                      | Curre Tradeston |           |                                   | 1855 N. S. 187           | T.       | 4 MAG [N]  | ILU <b>N</b>         |  |
| LAST NAME   |   | R) L ENTER NA<br>IRST NAME   | AME CODE IN I       | BOX 1 (SAM<br>DDLE INITIA | E) 2(DIFFEREI       | NT) 3(MULTIPLE LAS                   | T NAMES) 4(Co   | OMPANY)   | 5(OVER                            | 28 CHARACT<br>FIRST NAME | ERS)     | MAO MIDDLE   | ILU LEI<br>E INITIAL |  |
| BSE TRAILER   | LEASING LL  | •  |                     |                           |                     |                                      |                 |           |                                   |                          |          |  |                      |  |
| ADDRESS 1 (MAILING)  10233 GOVER  | NOR LN BLVI   | )  |                     |                           |                     | ADDRESS 2 (PHYS                      | ICAL)           |           |                                   |                          |          |  |                      |  |
| CITY STATE WILLIAMSPORT MD  |   | ZIP CODE   |                     |                           | CITY                |                                      |                 | STATE     |                                   | ATE                      | ZIP CODE |  |                      |  |
|   |   | MD 2   |                     | 21795                     |                     | TELEPHONE # PL                       |                 | *PLAC     | ARD/HEA                           | RING IMPAIR              | ED CLS   | S/YR   *INSURANCE I  | POLICY#              |  |
| HAMILTON 03   | 3   | 04/01/201  | 6 LEASED            |                           | RVICE OPTIONS       | 240                                  | 772 550°        | 1         |                                   |                          |          |  |                      |  |
| VEHICLE INFORMATION VIN   |   | MAKE   | MODEL               | YEAR                      | BODY                | TITLE BRAND - tr                     | anslation       |           |                                   | CODE                     | TYPE     | OF FUEL - translation  | CODE                 |  |
| 1JJV532W07L058037   |   | WABA 1JJ   |                     | 2007                      | SE                  |                                      | instauon        | 5         |                                   | U                        |          | The second secon |                      |  |
| SURRENDERED TITLE #   |   |  | OUS STATES T        |                           | VEHICLE US          | USED SE VEHICLE TYPE                 | E CURRE         | NT MILEA  | GE                                | ODOMETER                 | ACTUA    | L (0) NOT ACTUAL (8)   | 9<br>CODE            |  |
| 10031470  |   | ME   |                     |                           | F                   |                                      | S               |           | INDICATOR OVE<br>(List one) IN EX |                          | OVER 1   | CESS OF MECHANICAL LIMITS (9)  |                      |  |
| COLOR CODE (enter appropriate code)*  UPPER  LOWER  MOBILE HOME  LGTH  WDTH |   | E<br>WDTH  | #AXLES (            |                           | ROSS VEHICLE WEIGHT |                                      | *VEHICLE TRADE  |           | -IN DESCRIPTION                   |                          | +        | COMPANY VEHICLE #  |                      |  |
| 0   |   | la croese succ   |                     |                           |                     |                                      |                 |           |                                   | Kanada Palanana          |          |  | 81295                |  |
| PLATE INFORMATION *(requi   | red for Title and Registrati<br>ASSCODE/ISSUEYR(1)(3      | validation values value |                     | ons) SEE RE<br>JNTY STICK |                     | OR COMPLETE INS<br>Y STICKER #(1)(2) | *PLATE #(TRA    | DE IN)(2) | С                                 | LASS CODE/I              | SSUE Y   | R(2) EXPIRATION  | N DATE (1)(2)(3)     |  |
| U687109   | 8020/1994   |  |                     |                           |                     |                                      |                 |           |                                   |                          |          | PE   | RMANEN               |  |
| TDR STICKER #(4)  | TEMP OPERATOR PERI  | MIT #(3) # O   | F SEATS(5)          | ZONE(CC                   | OUNTY NAME)(        | 6)                                   | JSDOT / REGIS   | TRANT #(  | (7)                               |                          |          | MOTOR CARRIER #(8  | 3)                   |  |
| LIEN INFORMATION (If lien pr  | new e   | erreceio en  | 22 1619             | DEFORM I                  | F-215-034           |                                      | S. HORLES       |           |                                   | 7.100                    |          | en este se con   |                      |  |
| LIEN CODE FIRST LIEN  |   |  |                     |                           |                     |                                      |                 |           |                                   |                          |          | L  | JEN DATE             |  |
|   | INTRUST BA  | 1K   |                     |                           |                     |                                      |                 |           |                                   |                          |          | o  | 4/01/2016            |  |
| 120 E BALTIMORE ST 25 FL  |   |  |                     |                           | BALTIMORE           |                                      |                 |           | STATE<br>MD                       |                          |          | ZIP CODE<br>21202  |                      |  |
|   | ENHOLDER  |  |                     |                           |                     | DALIN                                | HOILE           |           |                                   |                          | 1410     |  | IEN DATE             |  |
| STREET  |   |  |                     |                           |                     | CITY                                 |                 |           |                                   | STA                      | re       | ZIP COD  | NE                   |  |
|   |   |  |                     |                           |                     |                                      | A11             |           |                                   | JAIL                     |          | ZIP CODE   |                      |  |
| *LESSEE / REGISTRANT INFO   | ORMATION(OWNER OF   | PLATE)   | LEGAL ST            | ATUS _                    | NAME (              |                                      | мао 🗌           | ILU 🔲     |                                   |                          |          |  |                      |  |
| NAME  |   |  |                     |                           |                     | NAME                                 |                 |           |                                   |                          |          |  |                      |  |
| ADDRESS   |   |  |                     |                           | CITY                |                                      |                 |           | STATE                             |                          |          | ZIP CODE   |                      |  |
| VEHICLE COST / TAX INFOR  |   |  | nsactions)          |                           |                     |                                      |                 |           |                                   |                          |          |  |                      |  |
| SALE PRICE TRADE IN ALLOWANCE   |   |  |                     | TAXA                      | BLE AMOUNT          | SALESTAX PAID                        |                 |           |                                   |                          | *TAX     | EXEMPTION REASON /   | SALES TAX #          |  |
| DEALER NAME DEALER  |   |  |                     | ADDRESS                   | DDRESS              |                                      |                 |           |                                   |                          | 1        | DEALER#  |                      |  |
| *Required for Duplicate Title - ]   | T.C.A. 55-3-115 (submit III                               | gible or altered Cer   | rtificate of Title) |                           |                     |                                      |                 |           |                                   |                          |          |  | 4.1131               |  |
| LOST  | STOLEN  |  | MUTILATED           | [                         | RTN                 | I'D DUE TO NON DE                    | LIEVERY         |           | ALTERE                            | ED                       |          | ILLEGIBL   | LE                   |  |
| Jnder penalties of perjury, I her<br>or its assignees to determine the      | eby certify all information<br>e accuracy of the informat | provided is true and<br>on provided by me  |                     |                           |                     |                                      |                 |           | Motor Ve                          | ehicle Division          |          |  |                      |  |
| SIGNATURE OF CERTIFIER/O  | OWNER   |  | POV                 | VER OF ATT                | FORNEY/AUTH         | ORIZED SIGNATUR                      | E(IF APPLICABI  | LE)       |                                   |                          |          | DATE <b>04/14/2</b>  | 2016                 |  |
| NVOICE NUMBER   | COUNTY NAME   |  | CON                 | IUMBER                    | DATE OF AP          |                                      |                 |           |                                   |                          |          | HICLES(COUNTY CLER   |                      |  |
| 16105 @<br>DFFICE USE ONLY  | HAMILTOI<br>EMISSION: Tra                                 | iler   |                     | 33                        | 04/                 | 14/2016                              |                 |           |                                   | OWLES                    |          | n as a valid registration)   | HCM27                |  |
| 79.75   | CREDIT  | LEASE FE   | E TF                | RANS FEE                  | CLER                |                                      | ANCE FEE        | LIEN FEE  | .00                               | TITLE FEE                |          | TOTAL TAX COLLECTE   | D                    |  |
| COMPUTATION OF  SALES TAX USE TA  | SALES OR USE TAX  | SA TAX   | LOCAL               | TAX A                     | DDITIONAL TA        |                                      | ECTED IN STA    |           |                                   | WHEEL TAX                | 100      | CITY STICKER FEE   |                      |  |
| *SERVICE OPT FEE  | ORGAN DONOR   | POSTAGE  |                     | VER                       |                     | ID / RESIDENC                        | / VERIFICATION  | N         |                                   |                          |          | *TOTAL FEES COLLEC   | TED                  |  |