

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

OFFICIAL VEHICLE REGISTRATION



| City Stickers: | | | | T | | | | | S | TATE | |
|--|--|---------------------------|------------------------|--|--------------------------------|---|-------------------------------------|----------------|--|--------|--|
| 97724305 | | | | TRANSACTION CODE: | REGISTRATION ONLY NUMBER | | | | | | |
| 91124305 | | | | The state of the s | | | | A | M | N | |
| OWNER INFORMATION *LEG LAST NAME | | OR) L SENTER NAME | ME CODE IN BOX 1 | (SAME) 2(DIFFERE NITIAL | LAST NAME | ST NAMES) 4(COMPA | NY) 5(OVER 28 CHARACT | TERS) | MAO N ILU | | |
| BSE TRAILER | LEASING LL | С | | | | | | | | | |
| ADDRESS 1 (MAILING) 10233 GOVER | NOD I NI DI V | D. | | | ADDRESS 2 (PHYS | ICAL) | | | | | |
| CITY | NOR LIV BLV | STATE | ZIP (| CODE | CITY | | S. | TATE | ZIP CODE | | |
| WILLIAMSPORT | | MD 21 | | 95 | | | | | | | |
| HAMILTON 033 | | O2/23/2016 LEASED C | | *SERVICE OPTION DE FOR INSTRUCTIONS | *SERVICE OPTIONS TELEPHON 240- | | LACARD/HEARING IMPAI | RED CLS/YR | *INSURANCE POLICY | # | |
| VEHICLE INFORMATION | | HANG . | | 5 Leesy | | | | Pries. | | 35.00 | |
| 2MN04 IAU394003304 | | | MODEL YEAR | | TITLE BRAND - tr | anslation | | | TYPE OF FUEL - translation CODE | | |
| 2MN01JAH381002301 | | TRIM STATE PREVIOU | 2MN 20 | 08 SE | USED VEHICLE TYPE | CURRENT MI | U | P. ACTUAL (S) | NOT ACTUM (O) | 9 | |
| 11082184 | | (2011) DOTA (2011) SE | PREVIOUS STATES TITLED | | S | CURRENT MILEAGE ODOMETER INDICATOR (List one) | | OVER 10 YRS | ACTUAL (0) NOT ACTUAL (8) OVER 10 YRS / 16,000 LBS (1) N EXCESS OF MECHANICAL LIMITS (9) | | |
| COLOR CODE (enter appropriate code)* MOBILE HOUSER | | Manager 1 | 107(1) | | WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | | COMPANY VEHICLE # | | |
| O | LGIH | WDIH | | | | | | | 85 | 020 | |
| PLATE INFORMATION *(requi | ired for Title and Registra ASSCODE/ISSUEYR(1)(| | | | | | | 10.7 | | 12.4 | |
| U670259 | 8020/1994 | | 1) COUNTYS | STICKER #(1) C | TY STICKER #(1)(2) | *PLATE #(TRADE IN | V)(2) CLASS CODE/ | ISSUE YR(2) | PERMA | | |
| TDR STICKER #(4) | TEMP OPERATOR PER | | SEATS(5) ZON | IE(COUNTY NAME | (6) | USDOT / REGISTRAN | IT #(7) | мс | OTOR CARRIER #(8) | | |
| | | | | | | | | | | | |
| STREET | INTRUST BA | | | | CITY | | STA | TE | 02/23 ZIP CODE | 3/2016 | |
| 120 E BALTIMORE ST 25 FL LIEN CODE SECOND LIENHOLDER | | | | BALTIMORE | | | | MD 21202 | | | |
| 020015 | LINIOLDEN | | | | | | | | LIEN DAI | ie | |
| STREET | | | | | CITY | | STA | TE | ZIP CODE | | |
| *LESSEE / REGISTRANT INFO | ORMATION(OWNER OF | PLATE) | LEGAL STATUS | NAME | CODE | MAO [] ILU [| | | | | |
| NAME | | | ELG/IL OI II GO | | NAME | WHO ELD IEU E | | | | | |
| ADDRESS | | | | C | TY | | ST | ATE | ZIP CODE | | |
| VEHICLE COST / TAY INCOR | MATION */conviced for Ti | lla 8 Decisionites Torre | | | | | | | | 100 | |
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transaction | | | | TAXABLE AMOUNT | | | *TAX EXEMPTION REASON / SALES TAX # | | | | |
| DEALER NAME | | | DEALER ADDR | RESS | | 1 | | | DEALER# | | |
| *Required for Duplicate Title - | T.C.A. 55-3-115 (submit I | llegible or altered Certi | ficate of Title) | | | | | | | | |
| LOST | STOLEN | | MUTILATED | RT | N'D DUE TO NON DE | ELIEVERY | ALTERED | | ILLEGIBLE | | |
| Under penalties of perjury, I her or its assignees to determine the | eby certify all information e accuracy of the informa | provided is true and c | | | | | f the Motor Vehicle Division | | | | |
| | | | | | | IZED SIGNATURE(IF APPLICABLE) | | | 03/03/2016 | | |
| 16063 @ | HAMILTO | N | CO NUMBE | | /03/2016 | | OF REGISTRAR OF MOT | | | CM27 | |
| OFFICE USE ONLY REGISTRATION FEE | EMISSION: TI | 70.7 | | | | | lected Indicated certifies t | this form as a | | CIVIZ/ | |
| 79.75 | | | | | 1 | 2.00 | 11.00 5.5 | 0 .0 | 00 | | |
| COMPUTATION OF SALES TAX USE TA | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL T | AX COLI | ECTED IN STATE OF | COUNTY WHEEL TAX | CIT | Y STICKER FEE | | |
| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | V | ER. | ID / RESIDENC | Y VERIFICATION | | | TAL FEES COLLECTED 08.25 | | |