



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>97726366</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <b>4</b> MAC <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> LU <input checked="" type="checkbox"/> N		
LAST NAME FIRST NAME MIDDLE INITIAL		
<b>BSE TRAILER LEASING LLC</b>		
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>		
ADDRESS 2 (PHYSICAL)		
CITY STATE ZIP CODE		
<b>WILLIAMSPORT MD 21795</b>		
CITY STATE ZIP CODE		
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION		
<b>HAMILTON 033</b>		
PURCHASE DATE <b>03/03/2016</b>		
*LEASED <input checked="" type="checkbox"/> 0 *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		
TELEPHONE # <b>301 582 1793</b>		
*PLACARD/HEARING IMPAIRED CLS/YR		
*INSURANCE POLICY #		

VEHICLE INFORMATION									
VIN									
<b>2MN01JAH581002395</b>									
MAKE MODEL YEAR BODY TITLE BRAND - translation CODE TYPE OF FUEL - translation CODE									
<b>CAND 2MN 2008 SE USED U 9</b>									
SURRENDERED TITLE # STATE PREVIOUS STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9) CODE									
<b>11082356 ME F S 1</b>									
COLOR CODE (enter appropriate code)* UPPER LOWER MOBILE HOME LGTH WIDTH # AXLES GROSS VEHICLE WEIGHT *VEHICLE TRADE-IN DESCRIPTION COMPANY VEHICLE #									
<b>O 85114</b>									

PLATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) CLASS CODE/ISSUE YR (1)(3) VALIDATION # (1) COUNTY STICKER # (1) CITY STICKER # (1)(2) *PLATE # (TRADE IN) (2) CLASS CODE/ISSUE YR (2) EXPIRATION DATE (1)(2)(3)							
<b>U670824 8020/1994 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>03/03/2016</b>			
STREET CITY STATE ZIP CODE			
<b>120 E BALTIMORE ST 25 FL BALTIMORE MD 21202</b>			
LIEN CODE SECOND LIENHOLDER			
LIEN DATE			
STREET CITY STATE ZIP CODE			

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)			
LEGAL STATUS <input type="checkbox"/> NAME CODE <input type="checkbox"/> MAC <input type="checkbox"/> LU <input type="checkbox"/>			
NAME			
NAME			
ADDRESS CITY STATE ZIP CODE			

VEHICLE COST / TAX INFORMATION *required for Title & Registration Transactions			
SALE PRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID *TAX EXEMPTION REASON / SALES TAX #			
DEALER NAME DEALER ADDRESS DEALER #			

*Required for Duplicate Title - T.C.A. 55-3-115 (submit title 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 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>03/08/2016</b>

INVOICE NUMBER		COUNTY NAME		CO NUMBER		DATE OF APPLICATION		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)	
<b>16068 @</b>		<b>HAMILTON</b>		<b>33</b>		<b>03/08/2016</b>		<b>W.F. (BILL) KNOWLES PBK14</b>	
OFFICE USE ONLY		EMISSION: Trailer							
REGISTRATION FEE		CREDIT		LEASE FEE		TRANS FEE		CLERK FEE	
<b>79.75</b>									
COMPUTATION OF		SALES OR USE TAX		SA TAX		LOCAL TAX		ADDITIONAL TAX	
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX									
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION	
								*TOTAL FEES COLLECTED	
								<b>108.25</b>	