



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 97009724		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER		STATE
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ☐ ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4 MAO ☐ N ☐ N					
LAST NAME BSE TRAILER LEASING LLC		FIRST NAME		MIDDLE INITIAL	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)			
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795		
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		PURCHASE DATE 01/13/2016	*LEASED ☒ *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # 240-772-5474
		*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	
VEHICLE INFORMATION					
VIN 3H3V532C5HT386013		MAKE HYTR	MODEL 3H3	YEAR 2017	BODY SE
SURRENDERED TITLE # MSO		STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT
				*VEHICLE TRADE-IN DESCRIPTION	
				COMPANY VEHICLE # HT386013	
PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE # (1) U661887		CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)
				*PLATE # (TRADE IN) (2)	
				CLASS CODE/ISSUE YR (2)	
				EXPIRATION DATE (1)(2)(3) PERMANENT	
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 SUNTRUST BANK			LIEN DATE 01/13/2016
STREET 120 E BALTIMORE ST 25 FL		CITY BALTIMORE		STATE MD	ZIP CODE 21202
LIEN CODE		SECOND LIENHOLDER			LIEN DATE
STREET		CITY		STATE	ZIP CODE
LESSOR / REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME		LEGAL STATUS		NAME CODE	MAO
NAME		NAME		MAO	ILU
ADDRESS		CITY		STATE	ZIP CODE
VEHICLE GOST / 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. 55-2-116 (submit illegible or altered Certificate of Title)					
☐ LOST		☐ STOLEN		☐ MUTILATED	
				☐ RTN'D DUE TO NON DELIVERY	
				☐ ALTERED	
				☐ 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 assigns 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 01/29/2016
INVOICE NUMBER 16029 @		COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 01/29/2016	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES
OFFICE USE ONLY REGISTRATION FEE 79.75		EMISSION: Trailer			
		(total fees collected indicated certifies this form as a valid registration)			
COMPUTATION OF		SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX
☐ SALES TAX ☐ USE TAX					
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
					*TOTAL FEES COLLECTED 108.25

HT386013