



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 97009733		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 MAG ☒ N ☐ ILU ☐ N					
LAST NAME BSE TRAILER LEASING LLC		FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)			
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795	CITY	STATE
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		PURCHASE DATE 01/13/2016	*LEASED ☒ 0 *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 240-772-5474	*PLACARD/HEARING IMPAIRED CLS/YR 240-772-5474
VEHICLE INFORMATION					
VIN 3H3V532C6HT386019		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 LOWER		MOBILE HOME LOTH W WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION
PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS		COMPANY VEHICLE # HT 386019			
PLATE # (1) U661893		CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)
TDR STICKER # (4)		TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)
LIEN INFORMATION (if lien present)		LIEN DATE 01/13/2016			
LIEN CODE		FIRST LIEN HOLDER SUNTRUST BANK			
STREET 120 E BALTIMORE ST 25 FL		CITY BALTIMORE		STATE MD	ZIP CODE 21202
LIEN CODE		SECOND LIEN HOLDER			
STREET		CITY		STATE	ZIP CODE
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME		LEGAL STATUS ☐	NAME CODE ☐	MAG ☐	ILU ☐
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 x TCA 55-3-116 (submit illegible or altered Certificate of Title)					
☐ LOST		☐ STOLEN	☐ MUTILATED	☐ RTWD 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 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 01/29/2016
INVOICE NUMBER 16029 @		COUNTY NAME HAMILTON	GO 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 TAX ☐ USE TAX		SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
TOTAL TAX COLLECTED 108.25		TOTAL TAX COLLECTED 108.25			

HT 386019