



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 97009760		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER		STATE
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 25 CHARACTERS) <input type="checkbox"/> 4 MAO <input type="checkbox"/> N <input type="checkbox"/> LU <input type="checkbox"/> 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		STATE MD
CITY OF RESIDENCE/PRINCIPAL BUS OR INDOOR LOCATION HAMILTON 033		PURCHASE DATE 01/13/2016	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 240-772-5474	*PLACARD/HEARING IMPAIRED CLSYR 240-772-5474
*INSURANCE POLICY #					
VEHICLE INFORMATION					
VIN 3H3V532C5HT386030		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 # HT386030			
PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE # (1) U662004	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			
TOR 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
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME		LEGAL STATUS	NAME CODE	MAO	LU
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 Titles - T.O.A. 5513-1-15 (submit illegible or altered Certificate of Title)					
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND 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 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 <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 108.25