



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



City Stickers:

NEW OR CURRENT TITLE NUMBER

97009817

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

LAST NAME

FIRST NAME

MIDDLE INITIAL

LAST NAME

FIRST NAME

MIDDLE INITIAL

BSE TRAILER LEASING LLC

ADDRESS 1 (MAILING)

10233 GOVERNOR LN BLVD

ADDRESS 2 (PHYSICAL)

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

WILLIAMSPORT

MD

21795

CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION

HAMILTON 033

PURCHASE DATE

01/13/2016

\*LEASED ☒

\*SERVICE OPTIONS

TELEPHONE #

240-772-5474

\*PLACARD/HEARING IMPAIRED CLS/YR

\*INSURANCE POLICY #

VEHICLE INFORMATION

VIN

3H3V532C6HT386053

MAKE  
HYTR

MODEL  
3H3

YEAR  
2017

BODY  
SE

TITLE BRAND - translation  
NEW

CODE  
N

TYPE OF FUEL - translation

CODE  
9

SURRENDERED TITLE #

MSO

STATE  
CA

PREVIOUS STATES TITLED

VEHICLE USE  
F

VEHICLE TYPE  
S

CURRENT MILEAGE

ODOMETER ACTUAL (0) NOT ACTUAL (8)  
INDICATOR OVER 10 YRS / 16,000 LBS (1)  
IN EXCESS OF MECHANICAL LIMITS (8)

CODE  
1

COLOR CODE (enter appropriate code)\*  
UPPER  
O

MOBILE HOME  
LGTH

WIDTH

# AXLES

GROSS VEHICLE WEIGHT

\*VEHICLE TRADE-IN DESCRIPTION

COMPANY VEHICLE #

HT386053

PLATE INFORMATION \*required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1)

CLASSCODE/ISSUEYR(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)

TDR STICKER # (4)

TEMP OPERATOR PERMIT # (3)

# OF SEATS (5)

ZONE (COUNTY NAME) (6)

USDOT / REGISTRANT # (7)

MOTOR CARRIER # (8)

PERMANENT

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 ☐

ILU ☐

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. 55-3-116 (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

COUNTY NAME

CO NUMBER

DATE OF APPLICATION

BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)

16029 @

HAMILTON

33

01/29/2016

W.F. (BILL) KNOWLES

HCM27

OFFICE USE ONLY

EMISSION: Trailer

CREDIT

LEASE FEE

TRANS FEE

CLERK FEE

ISSUANCE FEE

LIEN FEE

TITLE FEE

TOTAL TAX COLLECTED

12.00

11.00

5.50

.00

COMPUTATION OF

SALES OR USE TAX

SA TAX

LOCAL TAX

ADDITIONAL TAX

COLLECTED IN STATE OF

COUNTY WHEEL TAX

CITY STICKER FEE

☐ SALES TAX ☐ USE TAX

ORGAN DONOR

POSTAGE

VER

ID / RESIDENCY VERIFICATION

\*TOTAL FEES COLLECTED

108.25