



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 97009821		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER		STATE
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) 3 ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4 MAG ☒ ILV ☒					
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	
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 4
VEHICLE INFORMATION					
VIN 3H3V532C1HT386056		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 # HT386056			
PLATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE # (1) U662030		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 LIENHOLDER SUNTRUST BANK			
STREET 120 E BALTIMORE ST 25 FL		CITY BALTIMORE		STATE MD	ZIP CODE 21202
LIEN CODE		SECOND LIENHOLDER			
STREET		CITY		STATE	ZIP CODE
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME		LEGAL STATUS	NAME CODE	MAG ☒ ILV ☒	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. 55-2-115 (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 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	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			
COMPUTATION OF ☐ SALES TAX ☐ USE TAX		LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
SALES OR USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
COUNTY WHEEL TAX		CITY STICKER FEE			
TOTAL TAX COLLECTED		108.25			