



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 96184789		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 (COM. ANY) 5 (OVER 28 CHARACTERS) 4					
LAST NAME BSE TRAILER LEASING LLC		FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME MIDDLE INITIAL
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD			ADDRESS 2 (PHYSICAL)		
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795	CITY	STATE ZIP CODE
CITY OF RESIDENCE/PRINCIPAL BUS OR INCOME LOCATION HAMILTON 033		PURCHASE DATE 07/17/2015	*LEASED ☒ *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 240-772-5474	*PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #
VEHICLE INFORMATION					
VIN 3H3V532C4GT004293	MAKE HYTR	MODEL 3H3	YEAR 2016	BODY SE	TITLE BRAND - translation NEW
SURRENDERED TITLE # MSO		STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LOTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION
PLATE INFORMATION (required for Title & Registration and Registration Only transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS		CLASS CODE/ISSUE YR(1)(3) U606202 8020/1994			
PLATE # (1) U606202		VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)
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 07/17/2015
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	LEV
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, CA, BS, S, H, B (substitute appropriate letter for 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 07/20/2015
INVOICE NUMBER 15201 @	COUNTY NAME HAMILTON	GO NUMBER 33	DATE OF APPLICATION 07/20/2015	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	
OFFICE USE ONLY REGISTRATION FEE 79.75		CREDIT	LEASE FEE	TRANS FEE	CLERK FEE
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 .00		TOTAL FEES COLLECTED 97.25			

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