



NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
97727180	N01	

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			FIRST NAME			MIDDLE INITIAL			LAST NAME			FIRST NAME			MIDDLE INITIAL														
BSE TRAILER LEASING LLC																													
ADDRESS 1 (MAILING)										ADDRESS 2 (PHYSICAL)																			
10233 GOVERNOR LN BLVD																													
CITY			STATE			ZIP CODE			CITY			STATE			ZIP CODE														
WILLIAMSPORT			MD			21795																							
DATE OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION					PURCHASE DATE					TELEPHONE #					*PLACARD/HEARING IMPAIRED CLS/YR					*INSURANCE POLICY #									
HAMILTON 033					03/03/2016					*LEASED ☒ 0 *SERVICE OPTIONS ☐ ☐ SEE REVERSE SIDE FOR INSTRUCTIONS					240 772 5474														

VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
3H3V532C5HT367302	HYTR	3H3	2017	SE	NEW	N		9

SURRENDERED TITLE #		STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE
MSO		CA		F	S				1
COLOR CODE (enter appropriate code)* UPPER	MOBILE HOME LGTH	WDTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE #
O									367302

PLATE #(1) U674752	CLASSCODE/ISSUEYR(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
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TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)
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LIEN CODE	FIRST LIENHOLDER	LIEN DATE
	SUNTRUST BANK	03/03/2016

STREET	CITY	STATE	ZIP CODE
120 E BALTIMORE ST 25 FL	BALTIMORE	MD	21202

LIEN CODE	SECOND LIENHOLDER			LIEN DATE
STREET		CITY	STATE	ZIP CODE

NAME		NAME	
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ADDRESS	CITY	STATE	ZIP CODE
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SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #
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DEALER NAME	DEALER ADDRESS	DEALER #
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[Required for Duplicate Title - T.C.A. 56-3-115 (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 employees to determine the accuracy of the information provided by me.

2. I agree to assume the responsibility for the accuracy of the information provided by me or on my behalf.	
SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)
DATE	03/10/2016

INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)
16070 @	HAMILTON	33	03/10/2016	W.F. (BILL) KNOWLES PBK14

OFFICE USE ONLY		EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)				
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	LIEN FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	11.00	5.50	00

COMPUTATION OF		SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	12.00	11.00	3.00	1.00
☐ SALES TAX ☐ USE TAX						COLLECTED IN STATE OF		COUNTY WHEEL TAX	CITY STICKER FEE

*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 108.25
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