



NEW OR CURRENT TITLE NUMBER 97009734		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 28 CHARACTERS) <input checked="" type="checkbox"/> 4 MAO <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> ILU <input type="checkbox"/>							
LAST NAME BSE TRAILER LEASING LLC		FIRST NAME 		MIDDLE INITIAL 		MIDDLE INITIAL 	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD				ADDRESS 2 (PHYSICAL) 			
CITY WILLIAMSPORT		STATE MD		ZIP CODE 21795		ZIP CODE 	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION HAMILTON 033		PURCHASE DATE 01/13/2016		*LEASED <input checked="" type="checkbox"/> 0 *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>		TELEPHONE # 240-772-5474	
				*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	
VEHICLE INFORMATION							
VIN 3H3V532C2HT386020		MAKE HYTR		MODEL 3H3		YEAR 2017	
		BODY SE		TITLE BRAND - translation NEW		CODE N	
SURRENDERED TITLE # MSO		STATE CA		PREVIOUS STATES TITLED		VEHICLE USE F	
				VEHICLE TYPE S		CURRENT MILEAGE	
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LGTH 		# AXLES 		GROSS VEHICLE WEIGHT	
		WDTH 				*VEHICLE TRADE-IN DESCRIPTION	
						COMPANY VEHICLE # HT386020	
PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U661894		CLASS CODE/ISSUE YR (1) (3) 8020/1994		VALIDATION # (1)		COUNTY STICKER # (1)	
				CITY STICKER # (1) (2)		*PLATE # (TRADE IN) (2)	
TDR STICKER # (4)		TEMP OPERATOR PERMIT # (3)		# OF SEATS (5)		ZONE (COUNTY NAME) (3)	
						USDOT / REGISTRANT # (7)	
						MOTOR CARRIER # (8)	
LIEN INFORMATION (if on present)							
LIEN CODE		FIRST LIENHOLDER					
		SUNTRUST BANK					
STREET		CITY					
120 E BALTIMORE ST 25 FL		BALTIMORE					
LIEN CODE		SECOND LIENHOLDER					
STREET		CITY					
STATE		ZIP CODE					
MD		21202					
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS <input type="checkbox"/> NAME CODE <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/>							
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 Title - T.C.A. 55-3-115 (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 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		GO NUMBER 33		DATE OF APPLICATION 01/29/2016	
OFFICE USE ONLY REGISTRATION FEE 79.75		EMISSION: Trailer		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES			
				HCM27			
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		LEASE FEE		TRANS FEE		CLERK FEE	
SALES OR USE TAX		SA TAX		LOCAL TAX		ADDITIONAL TAX	
ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION	
*TOTAL FEES COLLECTED 108.25							

H7 386020