



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>00883661</b>		TRANSACTION CODE <b>N01</b>	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) <b>4</b> MAO <input type="checkbox"/> N <input type="checkbox"/> LU <input type="checkbox"/>					
LAST NAME <b>BSE TRAILER LEASING LLC</b>		FIRST NAME	MIDDLE INITIAL	LAST NAME <b></b>	
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LANE BLVD</b>		ADDRESS 2 (PHYSICAL) <b></b>			
CITY <b>WILLIAMSPORT</b>		STATE <b>MD</b>	ZIP CODE <b>21795-4029</b>	CITY <b></b>	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION <b>HAMILTON 033</b>		PURCHASE DATE <b>11/30/2017</b>	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR <b></b>
VEHICLE INFORMATION					
VIN <b>3H3V532CXKR210398</b>	MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2019</b>	BODY <b>SE</b>	TITLE BRAND - translation <b></b>
SURRENDERED TITLE # <b>MSO</b>		STATE <b>CA</b>	PREVIOUS STATES TITLED <b></b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>
COLOR CODE (enter appropriate code)* UPPER <b>O</b> LOWER <b></b>		MOBILE HOME LGTH <b></b> WIDTH <b></b>	# AXLES <b></b>	GROSS VEHICLE WEIGHT <b></b>	*VEHICLE TRADE-IN DESCRIPTION <b></b>
ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (*) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		COMPANY VEHICLE # <b>KR210398</b>			
PLATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE #(1) <b>U828598</b>	CLASS CODE/ISSUE YR(1)(3) <b>8020/1994</b>	VALIDATION #(1) <b></b>	COUNTY STICKER #(1) <b></b>	CITY STICKER #(1)(2) <b></b>	*PLATE #(TRADE IN)(2) <b></b>
CLASS CODE/ISSUE YR(2) <b></b>		EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>		MOTOR CARRIER #(8) <b></b>	
LIEN INFORMATION (if lien present)					
LIEN CODE <b></b>	FIRST LIENHOLDER <b>SUNTRUST BANK</b>				LIEN DATE <b>11/30/2017</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>		CITY <b>BALTIMORE</b>		STATE <b>MD</b>	ZIP CODE <b>21202</b>
SECOND LIENHOLDER <b></b>		LIEN DATE <b></b>			
STREET <b></b>		CITY <b></b>		STATE <b></b>	ZIP CODE <b></b>
LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME <b></b>		NAME <b></b>		NAME <b></b>	
ADDRESS <b></b>		CITY <b></b>		STATE <b></b>	ZIP CODE <b></b>
VEHICLE COST / TAX INFORMATION *Required for Title & Registration Transactions					
SALE PRICE <b></b>	TRADE IN ALLOWANCE <b></b>	TAXABLE AMOUNT <b></b>		SALESTAX PAID <b></b>	*TAX EXEMPTION REASON / SALES TAX # <b></b>
DEALER NAME <b></b>		DEALER ADDRESS <b></b>		DEALER # <b></b>	
*Required for Duplicate Title: TCA 66-37-116 (duplicate title) 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 <b></b>		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) <b></b>			DATE <b>12/21/2017</b>
INVOICE NUMBER <b>17355 @</b>		COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>12/21/2017</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>
OFFICE USE ONLY REGISTRATION FEE <b>100.25</b>		EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)			
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		SALES OR USE TAX <b></b>	SA TAX <b></b>	LOCAL TAX <b></b>	ADDITIONAL TAX <b></b>
*SERVICE OPT FEE <b></b>		ORGAN DONOR <b></b>	POSTAGE <b></b>	VER <b></b>	ID / RESIDENCY VERIFICATION <b></b>
TOTAL TAX COLLECTED <b>.00</b>		TOTAL FEES COLLECTED <b>128.75</b>			