WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No. J004

Received – Date – Opened 9/2/2026

[redacted]

Title No. – New License Plate No.
26285J0040042 AJJ2316

Amount Received – Document No.
Check Cash CC

Complete form using BLUE or BLACK INK.

Check any that apply *(see instructions)*: For Hire; Title Only IRP; Title Only; Taxi; Salvage; Replica; Police; Street Modified; Flood Damaged; Reconstructed; Hail Damaged; Homemade; MFR Buyback

Section A – New Vehicle Owner Information

Owner Legal Name (Last, First, Middle Initial OR Business Name) ☐ Opt Out regarding open records laws *(see instructions)*	Birth Date
R O B L E S G I S E L A	1 0 – 2 6 – 1 9 9 7

Owner Social Security Number – **Required**	Wisconsin Driver License Number – **Required**	FEIN Number (if company owned) – **Required**
– – **OR**	R 1 4 2 – 2 8 0 9 – 7 8 8 6 – 0 3 **OR**	–

Co-Owner Name (if any) (Last, First, Middle Initial) (check one) ☐ OR ☐ AND	Birth Date	Co-Owner Social Security # or Driver License # or FEIN Number – **Required**
	– –	

Street Address (include P.O. Box if applicable)	**City**	**State**	**ZIP Code**	Owner Day time (Area Code) Telephone Number
419 S AUTUMN DR # 201	DELAVAN	WI	53115	

If this is a leased vehicle, list Lessee Name	Lessee Social Security # or Driver License # or FEIN Number – **Required**

Lessee Street Address	City	State	ZIP Code	Lessee Day time (Area Code) Telephone Number

Section B Vehicle Information

Vehicle Identification Number	WI License Plate to Transfer or Temporary Plate	Plate Type
4 T 1 D A A C K 6 T U 7 8 6 7 7 0	A J J 2 3 1 6	AUT

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No. *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2026	TOYT	AUTO	Black		9/2/2026

☐ Check box if plates transferred between spouses/domestic partners (Ch. 770)
License plates *cannot* be transferred between other family members

Vehicle is kept in County OF Walworth ☑ City ☐ Village ☐ Town (check one) OF DELAVAN

Section C Non Operation

The vehicle described on this application has not been operated upon public highways between dates indicated. From Through

Section D – Loan Information – Use this section if you are adding a new lien

Use form ***MV2051*** to list second lender, attach to MV1

Name of Lending Agency(s) or Person(s)	Secured Party Number(s)	(Area Code) Telephone Number
TOYOTA MOTOR CREDIT CORPORATION	0 0 0 3 9 4 7 1	4805734927

Street Address (include P.O. Box if applicable)	City	State	ZIP Code
200 QUALITY CIR STE 100 P.O. Box 30203	COLLEGE STATION	TX	7 7 8 4 2

Section E – Fees

Title Fee – $214.50		$ 214.50
Purchase Price (WARNING: It is a crime to understate the purchase price)	$ 44778.63	
Less trade-in allowance	$ 4200.00	
Amount subject to tax	$ 40578.63	
State Sales Tax (amount subject to tax x 0.05)		$ 2028.93
Local Sales Tax (see instructions)		$ 202.89
Loan Filing Fee – $10 (pay fee for each loan in Section D)		$ 10.00
License Plate Fee – Required (check one)		$ 0.00
☐ Passenger Vehicle $85		
☐ Light Truck (private operation only): 4,500 or 6,000 pounds gross weight or less $100; 8,000 pounds gross weight or less $116.60		
☐ Other License Plate Types (see information at right)		
License Plate Issuance Fee - $12 ($6 per plate)		$ 0.00
Miscellaneous Fees (see instructions to determine if any apply)		
Annual Electric or Hybrid Vehicle Surcharge		$ 0.00
Wheel Tax		$ 0.00
Motor Carrier Class Fee from Section F		$
Temporary Plate Fee – $3 (only if no plate to transfer, and if applying at an authorized agent)		$ 0.00
Counter Service Fee – $5 (if you apply in person at WisDOT)		$
Processing Fee		$ 38.00
ENTER FEE TOTAL		$ 2494.32

Pay title fee if you are changing the owner(s) on the title, or titling the vehicle in Wisconsin for the first time. To obtain a replacement title please use form MV2119, *Replacement Title Application*

See instructions to determine which taxes apply

If tax exempt, enter code _____

If tax exempt selected is: 1 Qualifying Family Member

Enter qualifying family member relationship _____

If other, list reason _____

For other plate types see Section F on back of this page

Enter plate type _____

and gross weight if applicable _____

and registration period _____

Note: For Heavy Vehicles that qualify for Consecutive Monthly or Quarterly registration, see back page of instructions for more information.

MAIL the **original vehicle title** (not a copy), application and check to

WI Dept. of Transportation
P.O. Box 7949
Madison WI 53707-7949

Make Check Payable To: Registration Fee Trust

PAGE 2 MUST ALSO BE COMPLETED