WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No. J004

Received – Date – Opened 10/3/2026

[redacted]

Title No. – New License Plate No.
26282J0040210 BCK7962

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
S C H E E L A M B E R L	1 0 – 2 1 – 1 9 8 3

Owner Social Security Number – **Required**	Wisconsin Driver License Number – **Required**	FEIN Number (if company owned) – **Required**
– – OR	S 4 0 0 – 0 1 2 8 – 3 8 8 1 – 0 7 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
27419 115TH ST	TREVOR	WI	53179	

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
1 C 4 R J F C G 9 L C 3 1 7 5 9 8	B C K 7 9 6 2	AUT

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No. *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2020	JEEP	TRUK	Gray		10/3/2026

☐ 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 Kenosha ☐ City ☑ Village ☐ Town (check one) OF SALEM LAKES

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
CAPITAL ONE AUTO FINANCE	0 0 0 4 1 4 5 1	9727969214

Street Address (include P.O. Box if applicable)	City	State	ZIP Code
PO BOX 660068	SACRAMENTO	CA	9 5 8 6 6

Section E – Fees

Title Fee – $214.50		$ 214.50
Purchase Price (WARNING: It is a crime to understate the purchase price)		$ 22569.63
Less trade-in allowance		$ 0.00
Amount subject to tax		$ 22569.63
State Sales Tax	(amount subject to tax x 0.05)	$ 1128.48
Local Sales Tax	(see instructions)	$ 112.85
Loan Filing Fee – $10	(pay fee for each loan in Section D)	$ 10.00
License Plate Fee – Required (check one)		$ 85.00
☐ 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		$ 1588.83

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