# WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No. J004

Received – Date – Opened 9/7/2026

[redacted]

Title No. – New License Plate No.

26286J0040083 BEE1486

Amount Received – Document No.

Check Cash CC

**Complete form using BLUE or BLACK INK.**

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

## Section A – New Vehicle Owner Information

Owner Legal Name (Last, First, Middle Initial OR Business Name) ☐ Opt Out regarding open records laws *(see instructions)*: S U L C E R E V A S

Birth Date: 0 3 – 3 1 – 2 0 0 4

Owner Social Security Number – **Required**: – – OR

Wisconsin Driver License Number – **Required**: S 4 2 6 – 2 1 7 0 – 4 6 1 1 – 0 5 OR

FEIN Number (if company owned) – **Required**: –

Co-Owner Name (if any) (Last, First, Middle Initial) (check one) ☑ OR ☐ AND: HOLLOWAY SULCER YOLAUND D

Co-Owner Birth Date: 1 2 – 1 0 – 1 9 6 7

Co-Owner Social Security # or Driver License # or FEIN Number – **Required**: H 4 2 4 9 6 4 6 7 9 5 0 0 7

**Street Address** (include P.O. Box if applicable): 8908 N SANTA MONICA BLVD

**City**: BAYSIDE

**State**: WI

**ZIP Code**: 53217

Owner Day time (Area Code) Telephone Number:

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 *(standard VIN has 17 characters)*: 3 C Z R U 6 H 7 5 J M 7 2 2 5 0 8

WI License Plate to Transfer or Temporary Plate:

Plate Type: AUT

| Year | Make | Type (Car, Truck, Van, etc.) | Color | Fleet No. *(Optional)* | Date You First Drove This Vehicle in Wisconsin |
|---|---|---|---|---|---|
| 2018 | HOND | TRUK | Gray | | 9/7/2026 |

☐ 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:Milwaukee ☐ City ☑ Village ☐ Town (check one) OF:BAYSIDE

## 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): CAPITAL ONE AUTO FINANCE

Secured Party Number(s): 0 0 0 4 1 4 5 1

(Area Code) Telephone Number: 9727969214

Street Address (include P.O. Box if applicable): PO BOX 660068

City: SACRAMENTO

State: CA

ZIP Code: 9 5 8 6 6

## Section E – Fees

| | | |
|---|---|---|
| **Title Fee** – $214.50 | | $ 214.50 |
| **Purchase Price** | | $ 19434.63 |
| (WARNING: It is a crime to understate the purchase price) | | |
| **Less trade-in allowance** | | $ 0.00 |
| **Amount subject to tax** | | $ 19434.63 |
| **State Sales Tax** | (amount subject to tax x 0.05) | $ 971.73 |
| **Local Sales Tax** | (see instructions) | $ 174.91 |
| **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) | $ 12.00 |
| **Miscellaneous Fees** (see instructions to determine if any apply) | | |
| Annual Electric or Hybrid Vehicle Surcharge | | $ 0.00 |
| Wheel Tax | | $ 30.00 |
| 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** | | $ 1536.14 |

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**