WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No: J004

Received – Date – Opened: 9/25/2026

[redacted]

Title No. – New License Plate No.: 26288J0040177 BEE1498

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)*	Birth Date
C L A U S E N H A N N A H F	1 1 – 3 0 – 2 0 0 1

Owner Social Security Number – **Required**	Wisconsin Driver License Number – **Required**	FEIN Number (if company owned) – **Required**
– –	**OR** C 4 2 5 – 3 2 6 0 – 1 9 3 0 – 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**
CLAUSEN JOHN T	0 8 – 1 7 – 1 9 7 8	C 4 2 5 4 7 8 7 8 2 9 7 0 7

Street Address (include P.O. Box if applicable)	**City**	**State**	**ZIP Code**	Owner Day time (Area Code) Telephone Number
709 CAROLINE ST # 40	ATHENS	WI	54411	

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
3 V V M R 7 R M X T M 0 9 7 3 9 3		AUT

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No. *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2026	VOLK	TRUK	White		9/25/2026

☐ 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: Marathon — City ☐ Village ☑ Town ☐ (check one) OF ATHENS

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
WELLS FARGO AUTO	0 0 0 4 0 1 0 8	8002898004

Street Address (include P.O. Box if applicable)	City	State	ZIP Code
PO BOX 997517	SACRAMENTO	CA	9 5 8 9 9

Section E – Fees

Title Fee – $214.50		$ 214.50
Purchase Price		$ 36575.63
(WARNING: It is a crime to understate the purchase price)		
Less trade-in allowance		$ 0.00
Amount subject to tax		$ 36575.63
State Sales Tax	(amount subject to tax x 0.05)	$ 1828.78
Local Sales Tax	(see instructions)	$ 182.88
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		$ 25.00
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		$ 2396.16

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