WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No. J004

Received – Date – Opened 9/8/2026

[redacted]

Title No. – New License Plate No
26289J0040062 ABK4240

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)*: B U L L E N S C H R I S R

Birth Date: 0 8 – 1 1 – 1 9 7 2

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

OR

Wisconsin Driver License Number – **Required**: B 4 5 2 – 1 1 6 7 – 2 2 9 1 – 0 0

OR

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

Co-Owner Name (if any) (Last, First, Middle Initial) (check one) ☐ OR ☐ AND:

Co-Owner Birth Date: –

Co-Owner Social Security # or Driver License # or FEIN Number – **Required**:

Street Address (include P.O. Box if applicable): 1400 HUNTERS RIDGE DR # 32

City: GENOA CITY

State: WI

ZIP Code: 53128

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: 1 V 2 B E 2 C A 0 P C 2 2 7 4 7 8

WI License Plate to Transfer or Temporary Plate: A B K 4 2 4 0

Plate Type: AUT

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No. *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2023	VOLK	TRUK	White		9/8/2026

☐ 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 GENOA CITY

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): WELLS FARGO AUTO

Secured Party Number(s): 0 0 0 4 0 1 0 8

(Area Code) Telephone Number: 8002898004

Street Address (include P.O. Box if applicable): PO BOX 997517

City: SACRAMENTO

State: CA

ZIP Code: 9 5 8 9 9

Section E – Fees

Title Fee – $214.50		$ 214.50
Purchase Price (WARNING: It is a crime to understate the purchase price)	$ 34911.63	
Less trade-in allowance	$ 0.00	
Amount subject to tax	$ 34911.63	
State Sales Tax (amount subject to tax x 0.05)		$ 1745.58
Local Sales Tax (see instructions)		$ 174.56
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		$ 2182.64

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