WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No. J004

Received – Date – Opened 10/1/2026

[redacted]

Title No – New License Plate No
26288J0040191 A288BL

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
M I R A N D A G U I S E L E I T E J O R G E F	0 2 – 0 9 – 1 9 7 7

Owner Social Security Number – **Required**	Wisconsin Driver License Number – **Required**	FEIN Number (if company owned) – **Required**
– –	**OR** M 6 5 3 – 4 2 6 7 – 7 0 4 9 – 0 0	**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
2536 4TH DR	GRAND MARSH	WI	53936	

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)*	WI License Plate to Transfer or Temporary Plate	Plate Type
W B 1 0 N 2 3 0 9 T 6 M 6 9 7 4 2		CYC

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No. *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2026	BMW	CYCL	Black		10/1/2026

☐ 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: Adams — City ☐ Village ☐ Town ☑ (check one) OF: NEW CHESTER

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
BMW BANK OF NORTH AMERICA	0 0 0 4 0 7 1 4	6147807268

Street Address (include P.O. Box if applicable)	City	State	ZIP Code
P.O. Box 1910	COCKEYSVILLE	MD	2 1 0 3 0

Section E – Fees

Title Fee – $214.50	$	214.50
Purchase Price (WARNING: It is a crime to understate the purchase price)	$	20335.00
Less trade-in allowance	$	18250.00
Amount subject to tax	$	2085.00
State Sales Tax (amount subject to tax x 0.05)	$	104.25
Local Sales Tax (see instructions)	$	10.43
Loan Filing Fee – $10 (pay fee for each loan in Section D)	$	10.00
License Plate Fee – Required (check one)	$	18.21
☐ 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)	$	6.00
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	$	401.39

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