WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No. | Received – Date – Opened: J004 | 9/9/2026

[redacted]

Title No. – New License Plate No.: 26289J0040152 BEE1229

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
B A L F O U R R O B E R T A	0 4 – 2 5 – 1 9 5 5

Owner Social Security Number – **Required**	Wisconsin Driver License Number – **Required**	FEIN Number (if company owned) – **Required**
– – OR	– – – 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**
BALFOUR ROBIN L	0 1 – 1 2 – 1 9 5 7	B 4 1 6 7 3 2 5 7 5 1 2 0 3

Street Address (include P.O. Box if applicable)	**City**	**State**	**ZIP Code**	Owner Day time (Area Code) Telephone Number
W5579 OAK PARK RD	ELKHORN	WI	53121	

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
2 T 2 B B M C A 2 R C 0 4 9 5 1 9		AUT

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No. *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2024	LEXS	TRUK	White		9/9/2026

☐ 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 LAGRANGE

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
CONSUMERS CREDIT UNION	0 0 1 2 4 1 8 9	8477824631

Street Address (include P.O. Box if applicable)	City	State	ZIP Code
PO BOX 279342	SACRAMENTO	CA	9 5 8 2 7

Section E – Fees

Title Fee – $214.50		$ 214.50
Purchase Price		$ 62266.63
(WARNING: It is a crime to understate the purchase price)		
Less trade-in allowance		$ 0.00
Amount subject to tax		$ 62266.63
State Sales Tax	(amount subject to tax x 0.05)	$ 3113.33
Local Sales Tax	(see instructions)	$ 311.33
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		$ 75.00
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		$ 3859.16

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