WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No: J004 | Received – Date – Opened: 9/3/2026

[redacted]

Title No. – New License Plate No: 26292J0040129 BEE1238

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 H E S E B R O C H R I S T O P H E R R	0 5 – 1 1 – 1 9 7 9

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

Street Address (include P.O. Box if applicable)	**City**	**State**	**ZIP Code**	Owner Day time (Area Code) Telephone Number
1734 N 6TH ST	SHEBOYGAN	WI	53081	

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
Y V 4 H 6 0 C F 7 R 1 1 5 6 7 3 6		AUT

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2024	VOLV	TRUK	Gray		9/3/2026

☐ 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 Sheboygan | City ☑ | Village ☐ | Town (check one) ☐ OF SHEBOYGAN

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
UNITEDONE CREDIT UNION	0 0 0 0 1 5 8 5	9206840361

Street Address (include P.O. Box if applicable)	City	State	ZIP Code
1117 S 10TH ST	MANITOWOC	WI	5 4 2 2 0

Section E – Fees

Title Fee – $214.50		$ 214.50
Purchase Price (WARNING: It is a crime to understate the purchase price)	$ 53277.63	
Less trade-in allowance	$ 0.00	
Amount subject to tax	$ 53277.63	
State Sales Tax (amount subject to tax x 0.05)		$ 2663.88
Local Sales Tax (see instructions)		$ 266.39
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		$ 3364.77

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