WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1-1 10/2026

Processor ID No: J004

Received – Date – Opened: 9/23/2026

[redacted]

Title No. – New License Plate No: 26292J0040194 WY1611

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
W H I T E M I C H A E L C	0 6 – 2 8 – 1 9 8 2

Owner Social Security Number – **Required**	Wisconsin Driver License Number – **Required**	FEIN Number (if company owned) – **Required**
– – **OR**	W 3 0 0 – 5 4 3 8 – 2 2 2 8 – 0 7 **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
1218 WAUGOO AVE	OSHKOSH	WI	54901	

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
1 F T E R 4 K P 5 S L E 0 3 9 3 8		LTK

Year	Make	Type (Car, Truck, Van, etc.)	Color	Fleet No. *(Optional)*	Date You First Drove This Vehicle in Wisconsin
2025	FORD	TRUK	Black		9/23/2026

☐ 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 Winnebago — City ☑ Village ☐ Town ☐ (check one) OF OSHKOSH

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 (WARNING: It is a crime to understate the purchase price)	$ 42970.63
Less trade-in allowance	$ 0.00
Amount subject to tax	$ 42970.63
State Sales Tax (amount subject to tax x 0.05)	$ 2148.53
Local Sales Tax (see instructions)	$ 0.00
Loan Filing Fee – $10 (pay fee for each loan in Section D)	$ 10.00
License Plate Fee – Required (check one)	$ 116.60
☐ 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	$ 35.00
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	$ 2574.63

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