MV2285.epsWISCONSIN TEMPORARY LICENSE PLATES AGENTS APPLICATION

*For Out of State Dealerships*

Wisconsin Department of Transportation

MV2285 11/2016

This application is a formal request to become an authorized Wisconsin DMV agent for issuing temporary license plates to Wisconsin resident vehicle owners or lessees. Include with the application a photocopy of your motor vehicle business license.

If your application is approved, you must agree to follow the procedures established in the law, administrative rule, and DMV policy. We will review your application upon receipt and contact you if any additional information is necessary.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dealership Name | | | | FEIN   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | – |  |  |  |  |  |  |  | | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| Proximity in miles to Wisconsin border | | | Estimated number of vehicles sold to Wisconsin residents per year | | | |
| Shipping Address *(not P.O. Box)* | | | | | | |
| Street | City | | | State | Zip Code | County |
| (Area Code) Telephone Number | | Email Address | | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | (Contact Person – Signature) | (Date) |
|  |  | |
|  | (Contact Person – Print Name) | |
|  |  | |
|  | (Contact Person – Title) | |

**The completed application and copy of Motor Vehicle business license can be submitted by:**

**Fax: (608) 267-0323**

**Mailing Address: Wisconsin Department of Transportation**

**Dealer Licensing Unit**

**P.O. Box 7909**

**Madison, WI 53707-7909**

**Any questions please contact the Dealer Licensing Unit at: (608) 266-1425**

|  |  |
| --- | --- |
| ***FOR OFFICE USE ONLY*** | |
| Date | Approved by |
| Customer Number | Quantity |
| LPPS Instructions | |