**APPLICATION FOR MANUFACTURER BUYBACK BRANDED TITLE FOR A VEHICLE**

Wisconsin Department of Transportation [wisconsindmv.gov](http://www.wisconsindmv.gov/)

MV2850 10/2019 s.218.0171, s.340.01(28e) Wis. Stats. & Trans Rule 143

**Definition of “Manufacturer buyback vehicle”:** means a motor vehicle repurchased by its manufacturer, or by an authorized distributor or dealer with compensation from the manufacturer, because of a nonconformity that was not corrected after a reasonable attempt to repair the nonconformity under s.218.0171 or under a similar law of another state.

**This form cannot be used if a lien is to be listed.**

Complete all sections below and remit with the current title for the vehicle along with the proper fee for title.

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| **Section A – MANUFACTURER/AUTHORIZED DISTRIBUTOR/DEALER** |
| Owner Legal Name – Last, First, Middle Initial OR Business Name      | FEIN – Required

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   | – |   |   |   |   |   |   |   |
| 1 | 2 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

 |
| Street Address (include P.O. Box if applicable)      | City      | State   | ZIP Code      |

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| **Section B – VEHICLE INFORMATION** |
| Vehicle Identification Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

 | Year     | Make      | Model      | Type      |

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| **Section C – SPECIAL MAILING ADDRESS (if applicable) – LEAVE BLANK IF SAME AS ABOVE** |
| Recipient Name – Last, First, Middle Initial OR Business Name      | Priority Mailer Attached[ ]  Yes [ ]  No |
| Street Address (include P.O. Box if applicable)      | City      | State   | ZIP Code      |

|  |  |
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| **Section D – FEES** | **MAIL APPLICATION, CURRENT TITLE & FEE TO:** |
| Title transfer fee……………………………………...$ 164.50 |       | **RESEARCH & INFORMATION UNITWisconsin Department of TransportationP.O. Box 8070Madison, WI 53708-8070** |
| **Make check payable to: REGISTRATION FEE TRUST** |

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| **Section E – SIGNATURE of Representative for MANUFACTURER/AUTHORIZED DISTRIBUTOR/DEALER** |
|  |  | **X** |
| (Name and Title of Representative – PLEASE PRINT) |  |  (Representative Signature) (Date) |

**NOTE: This form can only be used by a manufacturer, authorized distributor or Wisconsin dealer.**