



DUPLICATE CERTIFICATE OF REGISTRATION APPLICATION

Wisconsin Department of Transportation (WisDOT)

MV2026 **3/2025** s.341.11(3) Wis. Stats.



Current License Plate Number 1 2 3 4 5 6 7 8	Vehicle Identification Number <i>(standard VIN has 17 characters)</i> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Year	Make
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Body Type	Do you also need a year sticker? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OWNER / LESSEE	Last Name	First Name	Middle Initial	Social Security Number 1 2 3 4 5 6 7 8 9
	Driver License Number 1 2 3 4 5 6 7 8 9 10 11 12 13 14			FEIN (if company owned) 1 2 3 4 5 6 7 8 9

OWNER / LESSEE	Last Name	First Name	Middle Initial	Social Security Number 1 2 3 4 5 6 7 8 9
	Driver License Number 1 2 3 4 5 6 7 8 9 10 11 12 13 14			FEIN (if company owned) 1 2 3 4 5 6 7 8 9

Street Address	City	State	ZIP Code
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Vehicle presently kept in	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town
COUNTY OF:	OF:

Area Code - Telephone # between 7:30 am and 5 pm	Email Address
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COMPLETE FORM and MAIL with \$2.00 FEE TO: Wisconsin Department of Transportation
 PO Box 7911
 Madison, WI 53707-7911

Make check payable to: REGISTRATION FEE TRUST