WISCONSIN RENTAL COMPANY REGISTRATION CERTIFICATE APPLICATION

Wisconsin Department of Transportation
MV2425 9/2019

Complete this application to request a **Certificate** as a domestic rental company whose purpose is the business of leasing motor vehicles without drivers to the general public for a period of 30 days or less. **There is no fee.**
Chapter Trans 175 Wisconsin Administrative Code requires a rental company to:

1. Register and obtain an identifying number;
2. Have an established place of business where facilities are available for the public to obtain service; and
3. Title all motor vehicles used in the rental business in the rental company name.

Companies that rent automobiles, motorcycles and trailers to private motor carriers are not required to register and obtain a certificate.

Complete all information requested. Attach additional pages to this application, if needed.

Registrant Name	Federal Employer ID Number ☐☐ – ☐☐☐☐☐☐☐
Street Address	Business Type ☐ Sole Owner ☐ Partnership ☐ Corporation
City State ZIP Code	Incorporation Jurisdiction
Contact Person – Regarding Application	(Area Code) Telephone Number

1. List the names and addresses of all corporate officers OR if partnership, each partner.

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_____

_____

2. List the locations where vehicles will be available for public rental.

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3. Check the vehicle types which will be registered with this certificate number.
   ☐ Truck ☐ Truck-tractor ☐ Other: _____

Attach a sample copy of each standard form of rental agreement you intend to use in the rental of motor vehicles. Agreements must specify that public liability and property damage insurance furnished by the rental company is equal to or greater than the amount specified in s.194.41 Wis. Stats.

Mail to:
Wisconsin Department of Transportation
Motor Carrier Registration Unit
PO Box 7955
Madison, WI 53707-7955

Email: irp-ifta@dot.wi.gov

Telephone: (608) 266-9900

I certify that the information furnished on this application is true and correct and that I have knowledge of the applicable Federal and State safety regulations and equipment requirements for the operation of commercial motor vehicles.

X _____
(Authorized Company Representative Signature) (Date – m/d/yyyy)