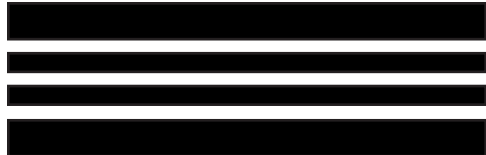




**TITLE APPLICATION
BRANDING NOTIFICATION**

MV2849 10/2025 s.340.01(18p),
s.340.01(20m), s.340.01(55g), s.342.06,
342.065(1)(c), 342.065(1m) Wis. Stats.



Title Number

Amount Received
Check Cash

Received - Date - Opened

Use this form to notify Wisconsin Department of Transportation of vehicle title branding and, if applicable, to transfer title to an insurer.

Section A Vehicle Information																																						
Year	Make	Model	Color	Vehicle Identification Number <i>(standard VIN has 17 characters)</i>																																		
				<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> </table>																		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																						
Current State of Title				Title Number																																		

Section B Vehicle Owner Information	
Owner Legal Name	
Owner Social Security Number or Wisconsin Driver License Number	
Street Address, City, State, Zip Code	(Area Code) Daytime Telephone Number
Date Damage Occurred (if applicable)	<input type="checkbox"/> Title is attached <input type="checkbox"/> Wisconsin lien holder is in possession of title

Section C Insurer Information (Do not complete if no insurance claim is involved)																				
Insurance Company Name																				
FEIN																				
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>												1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9												
Street Address, City, State, Zip Code		(Area Code) Daytime Telephone Number																		
Claim Number	Date Damage Occurred	Date Acquired from Owner (if applicable)																		

Notification Only - Owner is retaining the vehicle. (See reverse for title transfer to insurer.)

The Department will issue a new, branded title in the current owner's name. Send the title with this form to the address below. If there is a lien on your title and a Wisconsin lender holds the title, you may send this form without the title. There is no title fee for title notification only.

Check all applicable brands from the list below.

- Salvage** - The vehicle is less than 7 years old and was damaged to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Hail Damage** - The vehicle is less than 7 years old and was damaged by hail to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Flood Damage** - The vehicle was damaged by flood to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Previous Police** - The vehicle was previously used as a police vehicle by a law enforcement agency.
- Previous Taxi** - The vehicle was previously used as a taxicab or for public transportation.

I certify the information on this application is true and correct.

X
(Owner/Insurance Company Authorized Agent - Print Name)

X
(Owner/Insurance Company Authorized Agent Signature) (Date)

Mail to: Wisconsin Department of Transportation, P.O. Box 7949, Madison, WI 53707-7949

