

DUPLICATE CERTIFICATE OF REGISTRATION APPLICATION

MV2026 6/2006 s.341.11(3) Wis. Stats.

COMPLETE FORM and MAIL with \$2.00 FEE TO:

Wisconsin Dept. of Transportation
PO Box 7911
Madison WI 53707-7911

FAST SERVICE - Mail \$4.00 fee to:
Wisconsin Dept. of Transportation
PO Box 7306
Madison WI 53707-7306

The social security number is used for identification purposes.

Make check payable to: REGISTRATION FEE TRUST

Current License Plate Number	Year - Make	Body Type	Vehicle Identification Number			
OWNER(S)/LESSEE	Last Name	First	Middle Initial	Social Security # or Driver License # or (if company owned) FEIN #	Area Code - Telephone # between 7:30 a.m. and 5 p.m.	
Street Address			Vehicle Presently Kept In	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town
City			COUNTY OF:	OF:		
State			ZIP Code	Do you also need a year sticker? <input type="checkbox"/> Yes <input type="checkbox"/> No		