

**DUPLICATE CERTIFICATE OF REGISTRATION APPLICATION**

MV2026 5/2010 s.341.11(3) Wis. Stats.

Current License Plate Number	Year - Make	Body Type	Vehicle Identification Number
OWNER / LESSEE	Last Name First Name Middle Initial		
	Driver License # or, (if company owned) FEIN #		
OWNER / LESSEE	Last Name First Name Middle Initial		
	Driver License # or, (if company owned) FEIN #		
Street Address			
City		State	ZIP Code
Vehicle presently kept in COUNTY OF:		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town OF:	
Area Code - Telephone # between 7:30 am and 5 pm		E-Mail Address	

Do you also need a year sticker? ☐ Yes ☐ No

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