



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
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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
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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
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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