

SENATE HEARING SLIP

(Please Print Plainly)

DATE: _____

BILL NO. _____
OR Confirmation of
SUBJECT Josh Rundel

(NAME) Dave Anderson

(Street Address or Route Number) 1119a Nina Ave

Wausau, WI 54983

(City and Zip Code) Self
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 12.6.00

BILL NO. _____
OR
SUBJECT Confirmation of Secretary Jack Rundel

(NAME) Georgia Maxwell

(Street Address or Route Number)

(City and Zip Code) WI

(Representing) United Union League

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 12/06/00

BILL NO. _____
OR
SUBJECT ACT 88

(NAME) Joe Haassen

(Street Address or Route Number)

(City and Zip Code) DOT

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 12/6/00

BILL NO. _____

OR

SUBJECT 1999 WIS ACT 88

JAY FLOCHMUTH
(NAME)

(Street Address or Route Number)

MADISON
(City and Zip Code)

DAIR
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: DECEMBER 6, 2000

BILL NO. STATE RECORDS

OR

SUBJECT BRUCCY LAW

1999 WJI Act 88

William Dusso, General Counsel
(NAME)

(Street Address or Route Number)

MADISON 53703
(City and Zip Code)

DEPT. OF REGULATION & LICENSING
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
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Madison, WI 53707-7882

80-90%
-opting out =

Deerthatching

91,000 opt out in November

* At 50%
of universe covered opt out
- how many?

\$1 million opt out within a year

Legemncil -
can this be solved
by rule?
probably not

~~Narrow the scope~~ ~~DATA to AAs~~
DOT exclude some
smaller list

John C. will stop
by around 11:30

DMV - 85,000 - driver licensing
setup
- registration

Log Collect

would an
automated
call in 1800#
comply with
law

of

DNR - 91,000
in one month

DOT - 85,000
have not implemented
on right start on right plan
to move you

Dept Licensing -

next licensing

→ exemption for other
subagencies, local, fed

disciplinary lists -
exempt

RELEASE OF PERSONALIZED PLATES

--	--	--	--	--	--

- I authorize the reissuance of my personalized license plate number specified above to applicant shown on other side.
- I allow the Department of Transportation to reissue my current personalized plate after it is replaced with a different plate.

X

New Owner - please check one:

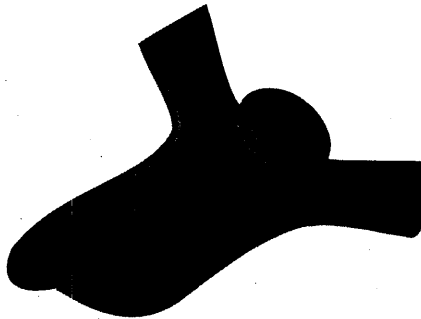
(Signature of Owner Releasing Plate)

- Have plates in good condition in my possession
- Need new plates issued

Note: No credit of registration fees, personalized plate fee, or Children's Trust Fund donation from former owner is allowed.

Celebrate Children Plates are available for:

- Automobile
- Motor Home (annual registration only)
- Truck
- 4,500, 6,000 or 8,000 pound gross weight including dual purpose farm and dual purpose motor home
- 12,000 pound gross weight farm truck



The Kindred Spirit emblem, with its bright colors, reflects the innocence and essence of childhood, gives a feeling of childhood freedom and depicts multi-cultural imagery.

RELEASE OF INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue Celebrate Children license plates. Under open records laws, the Department must make certain information available upon request. The Department makes some information available to companies for business purposes. If you want your name and address withheld from such business mailing lists, please obtain form MV3592, Request to Withhold Name and Address from any DMV office.

ADA - The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

*The revenue generated by the sale of this plate will establish a Trust.



Celebrate Children License Plate Application

Help prevent child neglect and abuse. Invest in the Children's Trust Fund, * which is dedicated to preventing child neglect and abuse by protecting Wisconsin's greatest resource, its children.

The Children's Trust Fund:

- Supports programs that work in partnership with families to build and emphasize individual, family and community strengths.
- Develops public education and information materials to promote awareness and understanding of child neglect and abuse prevention.
- Reduces the incidence and costs of child neglect and abuse in Wisconsin.

AM/2899

Wisconsin Department of Transportation

GENERAL INFORMATION

- A \$20.00 tax deductible donation is required for original issuance of the Celebrate Children plate AND each year at renewal. This fee is a contribution to the Children's Trust Fund.
- A \$15.00 one-time original issuance fee is required when nonpersonalized Celebrate Children plates are issued.
- If you would like personalized plates, a \$15.00 fee is required EACH year in addition to the annual registration fee and Children's Trust Fund donation.
- You are required to submit your current Certificate of Title. It is necessary for the issuance of plates. A new title will be issued to you.
- If your request has already been issued to someone else, check which option on the form that you would like us to follow.
- The department may refuse to issue OR may recall after issuance, a request which may be offensive to good taste or decency, misleading or conflict with the issuance of any other license plates.
- No refund or adjustment will be made for a change of choice or spacing after the plate has been ordered, or if the application is incorrectly or unclearly completed.
- Allow approximately 4-6 weeks after title is received for personalized plates.
- To legally operate your vehicle, you must display license plates within two business days of purchase. If you do not have current plates, apply to a DMV Customer Service Center or an agent authorized by DMV to obtain a temporary plate while your Celebrate Children order is processed. An agent may charge a \$3 plate fee and / or may also charge a \$5 service fee.
- If you have questions or want to check on a request, call 608-266-3041; TTY: 608-264-8703; or e-mail: special-plates.dmv@dot.state.wi.us

HOW TO APPLY

1. If you want personalized Celebrate Children (C C) plates choose 1-6 characters. Check options on application. If you want nonpersonalized plates, mark application and omit steps 2-4.
2. If you choose 6 characters, no spaces are allowed.

C H I L D D I

If you choose 5 characters, you may request up to 2 spaces between any of the characters. Indicate this request with diagonal lines as shown here.

1 / 2 / L O V

3. Use capital letters or numbers. The letter O and the number zero are the same. The following are not acceptable: small letters, symbols, signs, hyphens, apostrophes, etc. Carefully distinguish between: Letters L or I and Number 1; Letter S and Number 5; Letter G and Number 6; Letter Z and Number 2; Letter B and Number 8; Letter U and Letter V.

4. Provide meaning of request, i.e., what does this represent?
5. Send the following items:
 - Your Wisconsin title (not a photocopy);
 - Signed application;
 - Annual registration fee if your current plates expire within the next three months.
6. Check or money order made payable to: **Registration Fee Trust;**
6. Mail or deliver to:

Wisconsin Department of Transportation
Special Plates Unit
4802 Sheboygan Ave., Room 201
P O Box 7911
Madison WI 53707-7911

Detach before submitting application with Certificate of Title.

CELEBRATE CHILDREN PLATE APPLICATION

Wisconsin Department of Transportation
MV2899 499 s.341.14(6r) Wis. Stats.

Certificate of Title is REQUIRED for issuance of plates.

Check Options

- I would like nonpersonalized C C plates.
 I would like personalized C C plates.
Note: If all personalized choices have been used:
 I would like nonpersonalized C C plates.
 Call me at _____
 between 7 a.m. - 4:30 p.m.

First Choice		Meaning	Fee Calculation C C Donation \$20.00 Original Issuance Fee 15.00 Registration Fee _____ if applicable TOTAL FEE _____
Second Choice		Meaning	
Third Choice		Meaning	
Print Applicant Full Name (Last, First, M.I.)			If you are requesting a plate which the current owner no longer wants OR are changing to a different personalized plate, the reverse side must be completed and signed. (Applicant Signature) _____
Street Address			
City	State	Zip Code	

Acceptable Documents for Proof of Name and Date of Birth

- | | | |
|---|--|--|
| * Certified Copy of Birth Certificate | * Certificate of U.S. Citizenship | * Photo Operator's License or ID Card issued by another jurisdiction with signature of licensee |
| * Passport | * Wisconsin Notification of Birth Registration | * Court Order with Full Name, Date of Birth, and Court Seal |
| * Wisconsin Photo Operator's License/DOT Issued ID Card | * American Indian Card | * U.S. Military Personnel ID Card |
| * Federal I-151 or I-551 Alien Registration Receipt Card | * Federal Temporary Resident Card or Employment Authorization Card | * Mexican Voter Registration Card bearing an identifiable photograph and signature of the person |
| * Federal I-94 Arrival-Departure Record (Parole or Refugees Version) and MV3002 | * Federal I-181 Memorandum of Creation of Lawful Permanent Residence | |
| * U.S. Certificate of Naturalization | * Northern Marina Card | |

Acceptable Documents for Proof of Identity

- | | | |
|---|--|---|
| Document must identify the person by name and bear the person's signature or an identifiable photograph of the person. | | |
| * Photo Operator's License | * Credit Card With Signature | * ID Card issued by a foreign consulate bearing an identifiable photograph and signature, or reproduction of the signature of the person |
| * Military Discharge Papers (including Federal DD-214) | * Private Investigator License | * Certified School Record or Transcript |
| * U.S. Government and Military Dependent ID Card | * Life Insurance Policy | * Vehicle Title, provided it was issued more than 30 days prior to application date |
| * U.S. Merchants Service Photo ID | * Canceled Check | * Prison Release Document |
| * Copy of Federal or State Income Tax Return | * Welfare Card | * Affidavit from a Physician who testifies as to the person's identity and to have known the person for more than 2 years, together with copies of the physician's medical chart for the person |
| * Professional License | * Medicaid Card | |
| * Marriage Certificate or Certified Copy of a Judgment of Divorce | * Canadian Social Insurance Card | |
| * International Driver License | * Driver Education Course Completion Certificate | |
| * Social Security Card issued by Social Security Administration | * State-Issued Photo Identification Card | |
| | * Employee Photo Identification Card | |
| | * Student Photo Identification Card (excluding Milwaukee Area Technical College) | |

Section C - Answer ALL questions.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you hold a valid driver's license in this or any other state?
If yes, name state. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you hold an identification card in any other state?
If yes, name state. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your identification card, operator's license or privilege to obtain an operator's license presently revoked, suspended, canceled, denied, or disqualified?
If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you are applying for a duplicate identification card, state reason:
_____ | | |

If applicant under 16, parent or guardian complete below.

Parent or Guardian Driver License Number	Parent or Guardian Signature X
--	--

WISCONSIN IDENTIFICATION CARD INFORMATION

Wisconsin Department of Transportation

APPLICANT INFORMATION. Wisconsin residency is required. All applicants are required to complete sections A, C and sign the application. Acceptable proof of name, date of birth and identification is required (see reverse side). Persons who hold a valid Wisconsin operator's license with a photograph may not be issued an ID card. Persons who hold an operator's license or ID card from another state, are required to surrender the license or ID card. If applicant is under age 16, parent or legal guardian is required to sign and provide their driver license or ID card number in section C.

DONOR You may choose to be recorded as a potential organ donor. Answer the donor question in section A. Your response will be recorded on your driver file. The purpose of maintaining the record of potential donors is to more easily determine whether a person is a potential donor in the event of death. Your response to the donor question will not affect the issuance of your identification card in any way. A "yes" response does not in itself authorize an anatomical gift. To effectively indicate your desire to make an anatomical gift:

1. Sign the back of your identification card;
2. Let your closest relative know of your desire to make an anatomical gift.

INFORMATION USE The Department of Transportation (DOT) uses the information provided on this form exclusively for the purpose of issuing the identification card. DOT may use the social security number to verify the applicant's identity.

WARNING Any person who, on applying for an identification card, presents fraudulent or altered documents or makes a false statement to the issuing officer or agency, may be subject to a fine of not more than \$1,000 and cancellation of the identification card.

SECTION A - APPLICANT - PLEASE PRINT

Applicant Name - First, Middle Initial, Last				Birthdate - Month	Day	Year	Social Security Number
Residence Address - Street or Route - Box Number, City, State, Zip Code						County of Residence	
Mailing Address and/or Post Office Box - <u>ONLY if Different</u> From Residence Address, City, State, Zip Code - (In Care Of)						Country	
Former Name If Changed Since Last License OR Identification Card				If applying for a duplicate license, state reason			
Wisconsin Driver License Number				Expiration Date			
Sex	Race	Eyes	Hair	Weight	Height		
Do you wish to be recorded as a potential organ/tissue donor?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION B - OFFICE USE ONLY			ID Proof Shown	SS# Verified			
Application Type Circle One ORG RNW DUP REI RSM			I certify that the information on this application is true and correct and that I am a resident of Wisconsin.				
Examiner Signature		Badge Number		<input type="checkbox"/> Cash Amount			
				<input type="checkbox"/> Check \$			

MV3004 4/2000 Ch. 343 Wisconsin Statutes

(Applicant Signature)

(Date)

ELIGIBILITY SECTION

This must be completed and signed by any of the following health care professionals licensed to practice in any state: a physician, an advanced practice nurse, a chiropractor, a certified physician assistant, a Christian Science Practitioner residing in Wisconsin, or by an authorized VA representative. This statement is for issuance of a disabled parking ID card and is not to be considered as a claim for VA benefits.

Please check appropriate boxes.

Temporary Disability until _____

(Give specific date of expiration.)
Temporary ID cards are issued for a
MAXIMUM period of 6 MONTHS

Permanent Disability

YES NO Does the applicant's medical condition or disability impair his/her ability to SAFELY operate a motor vehicle? The Department has a responsibility to ensure that all drivers are able to exercise reasonable control over their vehicles. If the answer is Yes, the applicant will be required to complete a driving examination.

Please Print Clearly

Name of Person Certifying Eligibility
Address
City, State, Zip Code
Medical License Number
Area Code and Office Telephone Number

Eligibility Statement

I certify that the applicant is disabled according to the conditions specified on this form. I have indicated above whether this is a temporary or permanent disability.

UNAUTHORIZED ID CARD USE

Any person who lends the Disabled Parking ID Card to someone who is not authorized by law to use it, may be fined up to \$200.00. In addition, the Department may cancel the Disabled Parking ID Card of any person who improperly uses it.

RELEASE OF NONEXEMPT INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue disabled parking identification cards. Under open records laws, the Department must make nonexempt information available upon request. The Department makes some information available to companies for business purposes. If you want your name and address withheld from such business mailing lists, please obtain form MV3592, Request to Withhold Name and Address from any DMV office. Complete and return form MV3592 to the address given on the form.

AMERICANS WITH DISABILITIES ACT

The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

Disabled Parking Identification Card Application for Individuals

Wisconsin Department of Transportation
MV2548



Are you eligible?

- Any person certified by an authorized health care specialist as having a temporary or permanent disability is eligible for the Disabled Parking Identification Card. By legal definition, this includes any person who:
- Cannot walk 200 feet or more without stopping to rest;
 - Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device;
 - Is restricted by lung disease to the extent that forced expiratory volume for 1 second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
 - Uses portable oxygen;
 - Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association;
 - Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition;
 - Has an equal degree of disability to those described above.

ID CARD USE

- A motor vehicle (except motorcycles and mopeds) displaying the Disabled Parking Identification (ID) Card issued by Wisconsin or any other state or country, is subject to all Wisconsin motor vehicle laws and is granted the following privileges when the person with the disability is present:
- Parking in places reserved for people with a disability;
 - Exemption from time limitations in parking places with a 1/2 hour or more limit;
 - Exemption from payment in metered parking places with 1/2 hour or more limit. This does not include payment collected by parking attendants.
 - Upon request, a driver who is disabled may obtain fuel from a full-service pump at the same price as fuel from a self-service pump. This applies at locations where fuel is sold at retail from both full and self-service pumps. The retailer is not required to provide any other service that is not provided to customers who use a self-service pump.

SIGNATURES NECESSARY

- Your health care specialist **MUST** complete and sign the "Eligibility Statement" on the other side for the following:
- First-time applicants;
 - Replacements of permanent cards issued before July 1994;
 - Renewal of expiring permanent (blue) cards;
 - Extension of temporary disability (new card must be issued).

HOW TO APPLY

1. Read the Eligibility Section.
2. Complete applicant section; print clearly.
3. Have your health care specialist complete the eligibility section.
4. Send \$6.00 for each ID card, limit 2. A second card is allowed if you do NOT have disabled license plates or disabled veteran license plates.
5. Make check or money order payable to: **Registration Fee Trust**
6. Mail fee with application to:
**Wisconsin Department of Transportation
Special Plates Unit - ID
P O Box 7306
Madison WI 53707-7306**

Note: Applications made at a local DMV Service Center which provides ID card service are subject to an additional \$3.00 counter service fee.

INFORMATION

Persons with a permanent disability will be issued a blue disabled parking ID card that must be renewed every 4 years. Persons with a temporary disability will be issued a red disabled parking ID card that is valid for a MAXIMUM of 6 months.

If you are a licensed driver, the Department may review your medical condition or disability to re-evaluate your licensing eligibility.

The Department may cancel a disabled parking ID card which was issued as a result of fraud or error.

If you have questions, about disabled parking ID cards:

- call 608-266-3041
- TTY 608-264-8703
- e-mail: special-plates.dmv@dot.state.wi.us
- write to the address shown above.

Detach before submitting application to WDOT.

This Area for Office Use

APPLICANT SECTION

MV2548 689

Check appropriate boxes

- Original
 Renewal of permanent card

Replacement of card number(s) _____

- Lost/Destroyed Stolen
 Mutilated/Illegible

Number of Cards Needed
 1 - \$6.00 fee 2 - \$12.00 fee

Please Print Clearly

Legal Name of Person with Disability - First, M. I, Last

Address

City, State, Zip Code

Social Security Number

Month, Day, Year You Were Born

Female
 Male

Driver License/Nondriver ID Number - If none, write NONE

Telephone Number Between 7 AM - 4:30 PM

I have read the information on this form and understand the qualifications and provisions under which my Disabled Parking ID Card may be issued.

(Signature of Disabled Person) _____ (Date)

or (Person Signing on Behalf of Disabled Person)

If signing on behalf of the person with a disability, give the following:

Name of Person Signing for Applicant - Please Print

Relationship to Applicant

Wisconsin Operator License Application Instructions

Wisconsin Department of Transportation

APPLICANT INFORMATION

All applicants - complete sections B and C.
 If under age 18, sections B, C, and D must be completed.
 If applying for a commercial driver license, complete sections B, C, and E. Have your Federal Medical Certificate to show examiner if you meet the requirements of 49 Code of Federal Regulations 391.

DONOR You may choose to be recorded as a potential organ/tissue donor. Answer the donor question in section B. Your response will be recorded on your driver file. The purpose of maintaining the record of potential donors is to more easily determine whether a person is a potential donor in the event of death. Your response to the donor question will not affect the issuance of your license in any way. A "yes" response does not in itself authorize an anatomical gift. To effectively indicate your desire to make an anatomical gift:
 1. Sign the back of your operator's license/identification card;
 2. Let your closest relative know of your desire to make an anatomical gift.

ADA The Wisconsin Department of Transportation complies with the Americans with Disabilities Act (ADA).

SOCIAL SECURITY NUMBER (SSN) Anyone applying for a Wisconsin operator's license must furnish his/her SSN. This is required by s.343.14(2)(b) Wisconsin Statutes and the U. S. Commercial Motor Vehicle Safety Act of 1986 P.L. 99-570. The Federal government has authorized use of the SSN for driver licensing. The department and other agencies may use the SSN for purposes authorized by law. The number must correspond with the number issued to the applicant by the U. S. Social Security Administration. It will also be used to link your driver license and vehicle registration records.

WARNING Any person who, on applying for an operator's license, presents fraudulent or altered documents or makes a false statement to the issuing officer or agency, may be subject to a fine of not more than \$1,000 or imprisonment for not more than 6 months, or both, and revocation of operator's license privilege for one year.

RELEASE OF INFORMATION The Department uses information provided to issue driver licenses in Wisconsin, collect fees and enforce laws. Under Wisconsin open records law and s.341.17(9) Wis. Stats., the department may make nonconfidential information available to others for business purposes. If you want your name and address withheld from vehicle records requesters, please indicate on the application below.

SECTION A - COMPLETED BY DOT EMPLOYEE

Date		Badge Number		Application Type		<input type="checkbox"/> AMD	
ID Proof Shown		Social Security Number Verified		<input type="checkbox"/> ORG <input type="checkbox"/> RNW <input type="checkbox"/> DUP <input type="checkbox"/> REI <input type="checkbox"/> RSM <input type="checkbox"/> COA			
Out-of-State License Number		State		Expiration Date		<input type="checkbox"/> REGI <input type="checkbox"/> CDLI <input type="checkbox"/> CYCI <input type="checkbox"/> SPRI <input type="checkbox"/> JUVI <input type="checkbox"/> MPDI <input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JUVI <input type="checkbox"/> NON	
Visual Acuity	Without RX	With RX	Temporal Field of Vision In Degrees	Class(es) Issued			
Right Eye	20/	20/		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M			
Left Eye	20/	20/		<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T			
Corrective Lenses	Color Perception	Hearing	Driver Education	Federal Medical Certificate Shown		Restrictions	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> K <input type="checkbox"/> L	
Other Restrictions	Skills Test Number	Highway Signs	Knowledge	<input type="checkbox"/> Check <input type="checkbox"/> Cash		Amount \$	
				X			
				(Examiner Signature)		(Badge Number)	

SECTION B - APPLICANT - PLEASE PRINT

Applicant Name - First, Middle Initial, Last				Birthdate - Month	Day	Year	Social Security Number
Residence Address - Street or Route - Box Number, City, State, Zip Code						County of Residence	
Mailing Address and/or Post Office Box - ONLY if Different From Residence Address, City, State, Zip Code						Country	
Former Name if Changed Since Last License				If applying for a duplicate license, state reason			
Wisconsin Driver License Number				Expiration Date			
				Please check the box if you wish to have your name/address withheld from lists we sell. <input type="checkbox"/>			
Sex	Race	Eyes	Hair	Weight	Height	Do you wish to be recorded as a potential organ/tissue donor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				I certify that the information on this application is true and correct and that I am a resident of Wisconsin.			
				X			
				(Applicant Signature)		(Date)	



WISCONSIN OPERATOR LICENSE APPLICATION
 MV3001 1299 Ch. 343 Wisconsin Statutes.

Commercial Vehicle Classes

- A Any combination of vehicles Gross Combined Weight Rating (GCWR) over 26,000 pounds...
B Any single vehicle GVWR over 26,000 pounds...
C Any single vehicle, or combination of vehicles, that does not meet the definition of Class A or Class B...

Noncommercial Vehicle Classes

- D Any vehicle not in classes A, B, C or M

M Motorcycle

Endorsements

- F Farm Service Industry Commercial Motor Vehicle
H Hazardous materials
N Tank vehicles
P Passenger
S School bus
T Double/triple trailers

Restrictions

- K No commercial motor vehicle operation in interstate commerce
L Vehicles without air brakes

SECTION C - ANSWER ALL QUESTIONS COMPLETELY

- 1. Has your license or operating privilege been revoked, suspended, disqualified, cancelled, or denied?
2. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin in the last 10 years?
3. Do you hold a valid operator's license/identification card FROM ANOTHER STATE/COUNTRY?
4. Do you need glasses or contact lenses for driving?
5. Is your hearing impaired? (hard of hearing)
6. In the past year, have you had a loss of consciousness or muscle control, caused by any of the following conditions? If yes, check condition(s) and give date

SECTION D - FOR PERSONS UNDER AGE 18

School Certification: I certify under s.343.14(5) Wis. Stats., that this applicant is enrolled in approved behind-the-wheel training which begins no later than 60 days from date signed.
Sponsor Certification: As the adult sponsor, I accept responsibility and verify that minor is not a habitual truant and meets the educational requirements under s.343.15 Wis. Stats. and, if required for this application, has accumulated at least 30 hours of driving experience, 10 of which were at night.

SECTION E - COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

Answer the following questions:

- 1. In the past 5 years, have you had a loss of consciousness or muscle control, caused by a neurological condition, for example, seizure disorder?
2. In the past 2 years, have you taken insulin to control a diabetic condition?
3. In the past 5 years, have you been convicted of a felony or offense against public morals in Wisconsin or in any other state?
4. Do you meet all the driver qualifications as required by 49 Code of Federal Regulations 391 to operate a commercial vehicle?
5. Is the vehicle in which you will take the commercial driver license skill test representative of the type of vehicle you will operate or intend to operate?
6. Is the vehicle you will be operating equipped with air brakes?

NOTE: See classes at top of page.

Check class(es) for which you are applying

- A B C

Check endorsements for which you are applying

- F Farm service H Hazardous materials N Tank vehicles
P Passenger S School bus T Double/triple trailers

RELEASE OF PERSONALIZED PLATES

--	--	--	--	--	--

- I authorize the reissuance of my personalized license plate number specified above to applicant shown on other side.
- I allow the Department of Transportation to reissue my current personalized plate after it is replaced with a different plate.

X _____
(Signature of Owner Releasing Plate)

New Owner - please check one:

- Have plates in good condition in my possession
- Need new plates issued

Note: No credit of registration fees, personalized plate fee, or University donation from former owner is allowed.

RELEASE OF NONEXEMPT INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue University license plates. Under open records laws, the Department must make nonexempt information available upon request. The Department makes some information available to companies for business purposes. If you want your name and address withheld from such business mailing lists, please obtain form MV3592, Request to Withhold Name and Address from any DMV office. Complete and return form MV3592 to the address given on the form.

ADA - The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.



University License Plates Application

Who is eligible? Any Wisconsin resident.

University Plates are available for:

- Automobile
- Motor Home (annual registration only)
- Truck
- 4,500, 6,000 or 8,000 pound gross weight including dual purpose farm and dual purpose motor home
- 12,000 pound gross weight farm truck

GENERAL INFORMATION

- A \$15.00 personalized plate fee is required EACH year in addition to the regular annual registration fee.
- A \$15.00 one time original issuance fee is required when nonpersonalized University plates are issued.
- A \$20.00 tax deductible University donation is required for original issuance and each year at renewal.
- If your request has already been issued to someone else, it will be denied.
- No refund or adjustment will be made for a change of choice or spacing after the plate has been ordered, or if the application is incorrectly or unclearly completed.
- The department may refuse to issue a request which may be offensive to good taste or decency, misleading or conflict with the issuance of any other license plates.
- The department is authorized to recall, after issuance, a plate that is discovered to be obscene or otherwise offensive.
- The Certificate of Title must be submitted before plates may be ordered.
- Allow approximately 4-6 weeks for the manufacturing process, after title is issued.
- To legally operate your vehicle, you must display license plates within two business days of purchase. If you do not have current plates, apply to a DMV Customer Service Center or an agent authorized by DMV to obtain a temporary plate while your personalized plate order is processed. An agent may charge a \$3 plate fee and / or may also charge a \$5 service fee.
- If you have questions or want to check on a request, call (608) 266-3041; TTY (608) 264-8703; or e-mail: spec-plts-unit.dot.dmv@dot.state.wi.us

HOW TO APPLY

1. If you want personalized UW plates choose 1-6 characters. If you want nonpersonalized UW plates, mark application and omit steps 2-4.
2. If you choose 6 characters, no spaces are allowed.

2	E	D	U	K	8
---	---	---	---	---	---
3. If you choose 5 characters, you may request up to 2 spaces between any of the characters. Indicate this request with diagonal lines as shown here.

G	O	/	4	/	U	W
---	---	---	---	---	---	---
4. Use capital letters or numbers. The following are not acceptable: small letters, symbols, signs, hyphens, apostrophes, etc. Carefully distinguish between:
 - Letters L, or I and Number 1
 - Letter S and Number 5
 - Letter G and Number 6
 - Letter Z and Number 2
 - Letter B and Number 8
 - Letter U and Letter V
5. Provide meaning of request, i.e., what does this represent?
6. Send the following items:
 - Signed application;
 - Your Wisconsin title (not a photocopy);
 - Check or money order made payable to: **Registration Fee Trust;**
 - Registration fee if you do not have plates or if your plates expire within the next three months.

6. Mail or deliver with payment to:

Wisconsin Department of Transportation
 Special Plates Unit
 4802 Sheboygan Ave., Room 201
 P O Box 7911
 Madison, WI 53707-7911

Detach before submitting application with Certificate of Title.

UNIVERSITY LICENSE PLATES APPLICATION

Wisconsin Department of Transportation
 MV2724 199 s.341.14(6) Wis. Stats.

Circle campus to be shown on plate:

- | | | | | |
|-------------|-------------|---------------|------------|-----------|
| La Crosse | Madison | Milwaukee | Eau Claire | Green Bay |
| Platteville | River Falls | Stevens Point | Oshkosh | Parkside |
| Whitewater | | | Stout | Superior |

Check Options

- I would like nonpersonalized University plates.
 I would like personalized University plates.
 Note: If all personalized choices have been used:
 I would like nonpersonalized University plates.
 Call me at _____
 between 7 AM - 4:30 PM

First Choice						Meaning
Second Choice						Meaning
Third Choice						Meaning

Fee Calculation	
Original Issuance Fee	\$15.00
University Donation	20.00
Registration Fee	_____
if applicable	
TOTAL FEE	_____

Print Applicant Full Name (Last, First, M.I.) _____

Street Address _____

City _____ State _____ Zip Code _____

If you are requesting a plate which the current owner no longer wants OR are changing to a different personalized plate, the reverse side must be completed and signed.

(Applicant Signature)

PROOF OF ELIGIBILITY

All documentation is subject to verification by the Department. Emergency Medical Technician please submit a photocopy of:

1. Your current Type 75, 76A, 76M; 77A, 79A, 79M, 80 or 85 WI ambulance attend license.
 - or 2. Your completion certificate for an EMT course from an approved EMT training center.
 - or 3. Your current registration card from the National Registry of Emergency Medical Technicians.
- Firefighter or Rescue Squad Member, please submit:
1. A letter on official letterhead signed and dated by the Chief, or other authorized person of your employing fire department.
 - or 2. The following information completed, signed and dated by appropriate personnel.

(Employing Fire Department Name)

X

(Signature of Fire Chief or Authorized Person)

(Date)

(Print or Type Name)

RELEASE OF PERSONALIZED PLATES

--	--	--	--	--	--	--	--

- I authorize the reissuance of my personalized license plate number specified above to applicant shown on other side.
- I allow the Department of Transportation to reissue my current personalized plate after it is replaced with a different plate.

X

(Signature of Owner Releasing Plate)

New Owner - please check one:

- Have plates in good condition in my possession
- Need new plates issued

Note: No credit of registration fees, personalized plate fee, or any other fee from former owner is allowed.

RELEASE OF NONEXEMPT INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue Civilian license plates. Under open records laws, the Department must make nonexempt information available upon request. The Department makes some information available to companies for business purposes. If you want your name and address withheld from such business mailing lists, please obtain, from any DMV office, form MV/3592. Request to Withhold Name and Address. Complete and return form MV/3592 to the address given on the form.



Civilian

License

Plates

Application

Who is eligible?

- An owner, lessee, or trust beneficiary who is
- ◆ A Firefighter
 - ◆ A Rescue Squad Member
 - ◆ An Emergency Medical Technician (EMT)

Civilian Plates are available for:

- ◆ Automobile
- ◆ Motor Home (annual registration only)
- ◆ Truck
 - 4,500, 6,000 or 8,000 pound gross weight including dual purpose farm and dual purpose motor home
 - 12,000 pound gross weight farm truck

GENERAL INFORMATION

- ◆ A \$15.00 personalized plate fee is required EACH year in addition to the regular annual registration fee.
- ◆ A \$10.00 one time original issuance fee is required when nonpersonalized Civilian plates are issued.
- ◆ You are required to submit your current Certificate of Title. It is necessary for the issuance of plates. A new title will be issued to you.
- ◆ Check which option on the form that you would like us to follow, if your request is not available.
- ◆ No refund or adjustment will be made for a change of choice or spacing after the plate has been ordered, or if the application is incorrectly or unclearly completed.
- ◆ The department may refuse to issue OR may recall after issuance, a request which may be offensive to good taste or decency, misleading or conflict with the issuance of any other license plates.
- ◆ Allow approximately 4-6 weeks for the manufacturing process, after title is issued.
- ◆ To legally operate your vehicle, you must display license plates within two business days of purchase. If you do not have current plates, apply to a DMV Customer Service Center or an agent authorized by DMV to obtain a temporary plate while your civilian plate order is processed. An agent may charge a \$3 plate fee and/or may also charge a \$5 service fee.

◆ If you have questions or want to check on a request:
 * Call 608-266-3041
 * TTY 608-264-8703
 * E-mail: special-plates.dmv@dot.state.wi.us

HOW TO APPLY

1. Check options on application. If you want personalized Civilian plates choose 1-6 characters. If you want nonpersonalized Civilian plates, mark application and omit steps 2-4.
2. If you choose 6 characters, no spaces are allowed.

R E S C U E

If you choose 5 characters, you may request up to 2 spaces between any of the characters. Indicate this request with diagonal lines as shown here.

I / M / E M T

3. Use capital letters or numbers. The letter O and the number zero are the same. The following are not acceptable: small letters, symbols, signs, hyphens, apostrophes, etc. Carefully distinguish between:
 Letters L or I and Number 1
 Letter S and Number 5
 Letter G and Number 6
 Letter Z and Number 2
 Letter B and Number 8
 Letter U and Letter V
4. Provide meaning of request, i.e., what does this represent?
5. Send the following items:
 * Your Wisconsin title (not a photocopy);
 * Signed application;
 * Annual registration fee if your current plates expire within the next three months;
 * Check or money order made payable to: **Registration Fee Trust.**
6. Mail or deliver to:
 Wisconsin Department of Transportation
 Special Plates Unit
 4802 Sheboygan Ave.
 P O Box 7911
 Madison WI 53707-7911

Detach before submitting application with Certificate of Title.

CIVILIAN LICENSE PLATES APPLICATION

Wisconsin Department of Transportation
 MV2652 999 s.341.14(6r) Wis. Stats.

Check Options:

- I would like nonpersonalized Civilian plates.
 I would like personalized Civilian plates
Note: If all personalized choices have been used:
 I would like nonpersonalized plates
 Call me at _____
 between 7 AM - 4:30 PM

Circle group to be shown on plate:

Firefighter Rescue Squad Member Emergency Medical Technician (EMT)

First Choice						Meaning
Second Choice						Meaning
Third Choice						Meaning

Print Applicant Full Name (Last, First, M.I.) _____

Street Address _____

City _____ State _____ Zip Code _____

If you are requesting a plate which the current owner no longer wants OR are changing to a different personalized plate, the reverse side must be completed and signed.

(Applicant Signature)

GENERAL INFORMATION

- A \$25.00 tax deductible donation is required for original issuance of the Endangered Resources plate AND each year at renewal. This fee is a contribution to the Endangered Resources fund.
- If you would like personalized plates, a \$15.00 fee is required EACH year in addition to the annual registration fee and Endangered Resources donation.
- Check, on the form, which option you would like us to follow if your request is not available.
- No refund or adjustment will be made for a change of choice or spacing after the plate has been ordered, or if the application is incorrectly or unclearly completed.
- The department may refuse to issue OR may recall after issuance, a request which may be offensive to good taste or decency, misleading or conflict with the issuance of any other license plates.
- Allow approximately 4-6 weeks after title is received for personalized plates.
- To legally operate your vehicle, you must display license plates within two business days of purchase. If you do not have current plates, apply to a DMV Customer Service Center or an agent authorized by DMV to obtain a temporary plate while your Endangered Resources order is processed. An agent may charge a \$3 plate fee and / or may also charge a \$5 service fee.
- If you have questions or want to check on a request:
 - * Call 608-266-3041
 - * TTY 608-264-8703
 - * E-mail: special-plates.dmv@dot.state.wi.us
 - * Write to the address given.

HOW TO APPLY

1. Check options on application. If you want nonpersonalized plates, mark application and omit steps 2-4. If you want personalized plates choose 1-6 characters.
2. If you choose 6 characters, no spaces are allowed.

W O L V E S

If you choose 5 characters, you may request up to 2 spaces between any of the characters. Indicate this request with diagonal lines.

3. Use capital letters or numbers. The letter O and the number zero are the same. The following are not acceptable: small letters, symbols, signs, hyphens, apostrophes, etc. Carefully distinguish between:
 - Letters L or I and Number 1
 - Letter S and Number 5
 - Letter G and Number 6
 - Letter Z and Number 2
 - Letter B and Number 8
 - Letter U and Letter V
4. Provide meaning of request, i.e., what does this represent?
5. Send the following items:
 - Your Wisconsin title (not a photocopy)
 - Signed application
 - Annual registration fee if you do not have plates or if your plates expire within the next three months
 - Endangered Resources donation of \$25.00
 - Check or money order made payable to: **Registration Fee Trust**
6. Mail or deliver to:
 - Wisconsin Department of Transportation
 - Special Plates Unit
 - 4802 Sheboygan Ave.
 - P O Box 7911
 - Madison WI 53707-7911

Detach before submitting application with Certificate of Title.

ENDANGERED RESOURCES PLATES APPLICATION

Wisconsin Department of Transportation
MV2858 999 s.341.14(6r) Wis. Stats.

Certificate of Title is REQUIRED for issuance of plates.

Check Options

- I would like nonpersonalized ER plates.
- I would like personalized ER plates.
- Note:** If all personalized choices have been used:
 I would like nonpersonalized ER plates.
- Call me at _____
 between 7 a.m. - 4:30 p.m.

First Choice					Meaning
Second Choice					Meaning
Third Choice					Meaning

Fee Calculation	
ER Donation	\$25.00
Personalized Plate Fee	15.00
Registration Fee if applicable	
TOTAL FEE	_____

Print Applicant Full Name (Last, First, M.I.) _____

Street Address _____

City _____ State _____ Zip Code _____

If you are requesting a plate which the current owner no longer wants OR are changing to a different personalized plate, the reverse side must be completed and signed.

(Applicant Signature)

RELEASE OF PERSONALIZED PLATES

--	--	--	--	--	--

- I authorize the re-issuance of my personalized license plate number specified above to applicant shown on other side.
- I allow the Department of Transportation to reissue my current personalized plate after it is replaced with a different plate.

X

(Signature of Owner Releasing Plate)

New Owner - please check one:

- Have plates in good condition in my possession
- Need new plates issued

Note: No credit of registration fees, personalized plate fee, or Endangered Resources donation from former owner is allowed.

- Endangered Resources Plates are available for:
- Automobile
 - Motor Home (annual registration only)
 - Truck
 - 4,500, 6,000 or 8,000 pound gross weight including dual purpose farm and dual purpose motor home
 - 12,000 pound gross weight farm truck

RELEASE OF INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue Endangered Resources license plates. Under open records laws, the Department must make certain information available upon request. The Department makes some information available to companies for business purposes. If you want your name and address withheld from such business mailing lists, please obtain form MV3592, Request to Withhold Name and Address from any DMV office.



ADA - The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.



Endangered Resources License Plates Application

Wisconsin DNR's Bureau of Endangered Resources is dedicated to the identification, protection and management of Wisconsin's endangered resources.

Your ANNUAL donation will help:

- Bring back endangered species like timber wolves, peregrine falcons, calypso orchids and more;
- Identify and manage areas where endangered and threatened plants and animals live;
- Maintain State Natural Areas, land set aside to protect endangered plants, animals and habitats in Wisconsin.

Acceptable Documents for Proof of Name and Date of Birth

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> * Certified Copy of Birth Certificate * Passport * Wisconsin Photo Operator's License/DOT Issued ID Card * Federal I-151 or I-551 Alien Registration Receipt Card * Federal I-94 Arrival-Departure Record (Parole or Refugees Version) and MV3002 * U.S. Certificate of Naturalization | <ul style="list-style-type: none"> * Certificate of U.S. Citizenship * Wisconsin Notification of Birth Registration * American Indian Card * Federal Temporary Resident Card or Employment Authorization Card * Federal I-181 Memorandum of Creation of Lawful Permanent Residence * Northern Marina Card | <ul style="list-style-type: none"> * Photo Operator's License or ID Card issued by another jurisdiction with signature of licensee * Court Order with Full Name, Date of Birth, and Court Seal * U.S. Military Personnel ID Card * Mexican Voter Registration Card bearing an identifiable photograph and signature of the person |
|---|---|---|

Acceptable Documents for Proof of Identity

- | | | |
|--|--|--|
| <p>Document must identify the person by name and bear the person's signature or an identifiable photograph of the person.</p> <ul style="list-style-type: none"> * Photo Operator's License * Military Discharge Papers (including Federal DD-214) * U.S. Government and Military Dependent ID Card * U.S. Merchants Service Photo ID * Copy of Federal or State Income Tax Return * Professional License * Marriage Certificate or Certified Copy of a Judgment of Divorce * International Driver License * Social Security Card issued by Social Security Administration | <ul style="list-style-type: none"> * Credit Card With Signature * Private Investigator License * Life Insurance Policy * Canceled Check * Welfare Card * Medicaid Card * Canadian Social Insurance Card * Driver Education Course Completion Certificate * State-Issued Photo Identification Card * Employee Photo Identification Card * Student Photo Identification Card (excluding Milwaukee Area Technical College) | <ul style="list-style-type: none"> * ID Card issued by a foreign consulate bearing an identifiable photograph and signature, or reproduction of the signature of the person * Certified School Record or Transcript * Vehicle Title, provided it was issued more than 30 days prior to application date * Prison Release Document * Affidavit from a Physician who testifies as to the person's identity and to have known the person for more than 2 years, together with copies of the physician's medical chart for the person |
|--|--|--|

Section C - Answer ALL questions.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you hold a valid driver's license in this or any other state?
If yes, name state. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you hold an identification card in any other state?
If yes, name state. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your identification card, operator's license or privilege to obtain an operator's license presently revoked, suspended, canceled, denied, or disqualified?
If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you are applying for a duplicate identification card, state reason:
_____ | | |

If applicant under 16, parent or guardian complete below.

Parent or Guardian Driver License Number	Parent or Guardian Signature <div style="text-align: center; font-size: 1.2em; font-weight: bold;">X</div>
--	---

WISCONSIN IDENTIFICATION CARD INFORMATION

Wisconsin Department of Transportation

APPLICANT INFORMATION. Wisconsin residency is required. All applicants are required to complete sections A, C and sign the application. Acceptable proof of name, date of birth and identification is required (see reverse side). Persons who hold a valid Wisconsin operator's license with a photograph may not be issued an ID card. Persons who hold an operator's license or ID card from another state, are required to surrender the license or ID card. If applicant is under age 16, parent or legal guardian is required to sign and provide their driver license or ID card number in section C.

DONOR You may choose to be recorded as a potential organ donor. Answer the donor question in section A. Your response will be recorded on your driver file. The purpose of maintaining the record of potential donors is to more easily determine whether a person is a potential donor in the event of death. Your response to the donor question will not affect the issuance of your identification card in any way. A "yes" response does not in itself authorize an anatomical gift.

To effectively indicate your desire to make an anatomical gift:

1. Sign the back of your identification card;
2. Let your closest relative know of your desire to make an anatomical gift.

INFORMATION USE The Department of Transportation (DOT) uses the information provided on this form exclusively for the purpose of issuing the identification card. DOT may use the social security number to verify the applicant's identity.

WARNING Any person who, on applying for an identification card, presents fraudulent or altered documents or makes a false statement to the issuing officer or agency, may be subject to a fine of not more than \$1,000 and cancellation of the identification card.

SECTION A - APPLICANT - PLEASE PRINT

Applicant Name - First, Middle Initial, Last				Birthdate - Month Day Year			Social Security Number	
Residence Address - Street or Route - Box Number, City, State, Zip Code						County of Residence		
Mailing Address and/or Post Office Box - <u>ONLY if Different</u> From Residence Address, City, State, Zip Code - (In Care Of)						Country		
Former Name if Changed Since Last License OR Identification Card				If applying for a duplicate license, state reason				
Wisconsin Driver License Number				Expiration Date				
Sex	Race	Eyes	Hair	Weight	Height			
SECTION B - OFFICE USE ONLY				ID Proof Shown		SS# Verified		
Application Type Circle One <u>ORG</u> RNW DUP REI RSM								
Examiner Signature			Badge Number		<input type="checkbox"/> Cash Amount <input type="checkbox"/> Check \$			
<input checked="" type="checkbox"/> MV3004 4/2000 Ch. 343 Wisconsin Statutes				<input checked="" type="checkbox"/>				Do you wish to be recorded as a potential organ/tissue donor? <input type="checkbox"/> YES <input type="checkbox"/> NO
I certify that the information on this application is true and correct and that I am a resident of Wisconsin.								
						(Applicant Signature)		(Date)

ELIGIBILITY SECTION

This must be completed and signed by any of the following health care professionals licensed to practice in any state: a physician, an advanced practice nurse, a chiropractor, a certified physician assistant, a Christian Science Practitioner residing in Wisconsin, or by an authorized VA representative. This statement is for issuance of a disabled parking ID card and is not to be considered as a claim for VA benefits.

Please check appropriate boxes.

- Temporary Disability until _____
(Give specific date of expiration.)
Temporary ID cards are issued for a
MAXIMUM period of 6 MONTHS
- Permanent Disability

YES NO Does the applicant's medical condition or disability impair his/her ability to SAFELY operate a motor vehicle? The Department has a responsibility to ensure that all drivers are able to exercise reasonable control over their vehicles. If the answer is yes, the applicant will be required to complete a driving examination.

Please Print Clearly

Name of Person Certifying Eligibility
Address
City, State, Zip Code
Medical License Number
Area Code and Office Telephone Number

Eligibility Statement

I certify that the applicant is disabled according to the conditions specified on this form. I have indicated above whether this is a temporary or permanent disability.

(Authorized Signature of Health Care Specialist)

(Date)

UNAUTHORIZED ID CARD USE

Any person who lends the Disabled Parking ID Card to someone who is not authorized by law to use it, may be fined up to \$200.00. In addition, the Department may cancel the Disabled Parking ID Card of any person who improperly uses it.

RELEASE OF NONEXEMPT INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue disabled parking identification cards. Under open records laws, the Department must make nonexempt information available upon request. The Department makes some information available to companies for business purposes. If you want your name and address withheld from such business mailing lists, please obtain form MV3592. Request to Withhold Name and Address from any DMV office. Complete and return form MV3592 to the address given on the form.

AMERICANS WITH DISABILITIES ACT

The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

Disabled Parking Identification Card

Application for Individuals

Wisconsin Department of Transportation
MV2548



WISCONSIN

Are you eligible?

Any person certified by an authorized health care specialist as having a temporary or permanent disability is eligible for the Disabled Parking Identification Card. By legal definition, this includes any person who:

- Cannot walk 200 feet or more without stopping to rest;
- Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device;
- Is restricted by lung disease to the extent that forced expiratory volume for 1 second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- Uses portable oxygen;
- Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association;
- Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition;
- Has an equal degree of disability to those described above.

ID CARD USE

- A motor vehicle (except motorcycles and mopeds) displaying the Disabled Parking Identification (ID) Card issued by Wisconsin or any other state or country, is subject to all Wisconsin motor vehicle laws and is granted the following privileges when the person with the disability is present:
- Parking in places reserved for people with a disability;
 - Exemption from time limitations in parking places with a 1/2 hour or more limit;
 - Exemption from payment in metered parking places with 1/2 hour or more limit. This does not include payment collected by parking attendants.
 - Upon request, a driver who is disabled may obtain fuel from a full-service pump at the same price as fuel from a self-service pump. This applies at locations where fuel is sold at retail from both full and self-service pumps. The retailer is not required to provide any other service that is not provided to customers who use a self-service pump.

SIGNATURES NECESSARY

- Your health care specialist **MUST** complete and sign the "Eligibility Statement" on the other side for the following:
- First-time applicants;
 - Replacements of permanent cards issued before July 1994;
 - Renewal of expiring permanent (blue) cards;
 - Extension of temporary disability (new card must be issued).

HOW TO APPLY

1. Read the Eligibility Section.
2. Complete applicant section; print clearly.
3. Have your health care specialist complete the eligibility section.
4. Send \$6.00 for each ID card, limit 2. A second card is allowed if you do NOT have disabled license plates or disabled veteran license plates.
5. Make check or money order payable to: **Registration Fee Trust**
6. Mail fee with application to:
Wisconsin Department of Transportation
Special Plates Unit - ID
P O Box 7306
Madison WI 53707-7306

Note: Applications made at a local DMV Service Center which provides ID card service are subject to an additional \$3.00 counter service fee.

INFORMATION

Persons with a permanent disability will be issued a blue disabled parking ID card that must be renewed every 4 years. Persons with a temporary disability will be issued a red disabled parking ID card that is valid for a MAXIMUM of 6 months.

If you are a licensed driver, the Department may review your medical condition or disability to re-evaluate your licensing eligibility.

The Department may cancel a disabled parking ID card which was issued as a result of fraud or error.

If you have questions, about disabled parking ID cards,

- call 608-266-3041
- TTY 608-264-8703
- e-mail: special-plates.dmv@dot.state.wi.us
- write to the address shown above.

Detach before submitting application to WDOT.

This Area for Office Use

APPLICANT SECTION

MW2548 899

Check appropriate boxes

Original

Renewal of permanent card

number(s) _____

Replacement of card number(s) _____

Lost/Destroyed Stolen

Mutilated/Illegible

Number of Cards Needed

1 - \$6.00 fee 2 - \$12.00 fee

Please Print Clearly

Legal Name of Person with Disability - First, M I, Last

Address

City, State, Zip Code

Social Security Number

Month, Day, Year You Were Born

Female Male

Driver License/Nondriver ID Number - If none, write NONE

Telephone Number Between 7 AM - 4:30 PM

I have read the information on this form and understand the qualifications and provisions under which my Disabled Parking ID Card may be issued.

(Signature of Disabled Person) _____ (Date)

or (Person Signing on Behalf of Disabled Person)

If signing on behalf of the person with a disability, give the following:

Name of Person Signing for Applicant - Please Print

Relationship to Applicant

WISCONSIN

Title and License Plate Application

for
AUTOMOBILES
(passenger vehicles)
and
LIGHT TRUCKS
(8,000 pounds or less)

License plates for other types of vehicles, special license plates, or leased vehicle registrations or titles must be applied for using Wisconsin Department of Transportation (WisDOT) form MV-1 (available at all DMV customer service centers).

To get a title and/or license plates for your vehicle, you must complete this application. Include the original **Vehicle Certificate of Title** (not a copy).

Note: A replacement title voids all previous titles.

Release of Information: The WisDOT uses the information provided on this and other forms to title and register vehicles in Wisconsin, collect fees, and enforce Wisconsin laws. Under Wisconsin Open Records Law, the department may provide non-confidential information to companies and others that are properly registered by WisDOT and only use the data for official business purposes or as provided under the federal Driver's Privacy Protection Act and other acts.

ADA: The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.



If you have questions about this form, call 608-266-1466; TTY 608-264-8703; or contact the WisDOT DMV Customer Service Center nearest you.

How to complete this application

Not for Dealer Use

Pursuant to Chapter 340, 341.08, 342.06, WI Stats.

Please print or type

- ① Owner/Co-Owner** - the names that will appear on the new title. "And" means all owners must sign the title to transfer ownership. "Or" means that only one owner must sign. *If owner age is less than 18, the parent/guardian or legal custodian must sign the consent to purchase section and have it notarized.*
- ② Social Security Number and Driver License Number:** Under the Social Security Act, 42 USC s.405, (c)(2)(C)(i), the department and other state and federal agencies may use the Social Security Number for purposes authorized by law. The number provided will help the department improve its recordkeeping. Writing either number on this application is voluntary.
- FEIN - Federal Employer Identification Number** for corporations or other non-individual owners.
- ③ License Plate Transfers** - Auto and Light Truck plates (8,000 pounds or less) stay with the seller. You may transfer plates from a vehicle you sell or no longer use to another vehicle of the same type that belongs to you or your spouse. Indicate type of plate, e.g.; sesquicentennial, Vet, Amateur Radio, etc. *If RENEWING, remit total amount due from renewal form.*
- ④ Salvage** - means a vehicle is either less than 7 years old which has been damaged by collision or other occurrence to the extent that the cost of repair exceeds 70% of the vehicle fair market value, or a vehicle was last titled in another state as a salvage vehicle.
Note: you cannot drive a salvage vehicle until it passes a salvage inspection, except to travel to the inspection site.
- Police/Taxi** - a vehicle that has been used, or will be used, as a police vehicle or taxi.
- Flood Damaged** - a vehicle damaged by water to the extent that the estimated or actual repair costs, whichever is greater, exceeds 70% of fair market value.
- ⑤ Loan Information** - If you borrowed money for this vehicle, contact the lender for correct information. Please show complete mailing address.
- ⑥ Title Fee** - Applying for a title only (without plates) does not allow you to legally operate your vehicle on a Wisconsin roadway. To legally operate your vehicle, you must apply for Wisconsin license plates.
- ⑦ State Sales Tax Calculation** - Pay 5% sales tax unless one of the reasons below applies. List the code number and other information requested:
- Code Reason**
- 1 Vehicle previously titled in Wisconsin and purchased from spouse, parent, child, spouse's parent, child's spouse, stepparent or stepchild. *List which one.*
 - 2 Purchaser is Common or Contract Carrier using the vehicle exclusively as such. *Show Authority Number.*
 - 3 Lessor reporting gross receipts from rental or lease. *Show Seller's Permit or Use Tax Number.*
 - 4 State of Wisconsin or other government unit or agency.
 - 5 Tax paid to another state. *List state and submit proof.*
 - 6 Purchaser is not a resident of WI and will not use motor vehicle in WI except to remove it from WI. *Show state of residence.*
 - 8 Religious, charitable, educational or other non-profit organization. *List which one.*
 - 9 Other - *list reason.*
- ⑧ Local Sales Tax** - Use the chart below to determine your local sales taxes. Find the county in which the vehicle is kept. Then multiply your purchase price by the number listed for the county.

Local Sales Tax by County

Adams .005	Clark 0	Florence 0	Jefferson .005	Marathon .005	Ozaukee .006	Rusk .005	Vilas .005
Ashland .005	Columbia .005	Fond Du Lac 0	Juneau .005	Marinette 0	Pepin .005	Sauk .005	Walworth .005
Barron .005	Crawford .005	Forest .005	Kenosha .005	Marquette 0	Pierce .005	Sawyer .005	Washburn .005
Bayfield .005	Dane .005	Grant 0	Kewaunee 0	Menominee 0	Polk .005	Shawano .005	Washington .001
Brown 0	Dodge .005	Green 0	LaCrosse .005	Milwaukee .006	Portage .005	Sheboygan 0	Waukesha .001
Buffalo .005	Door .005	Green Lake 0	Lafayette 0	Monroe .005	Price .005	St. Croix .005	Waupaca .005
Burnett .005	Douglas .005	Iowa .005	Langlade .005	Oconto .005	Racine .001	Taylor 0	Waushara .005
Calumet 0	Dunn .005	Iron .005	Lincoln .005	Oneida .005	Richland .005	Trempealeau .005	Winnebago 0
Chippewa .005	Eau Claire 0	Jackson .005	Manitowac 0	Outagamie 0	Rock 0	Vernon .005	Wood 0

For tax questions, call the Wisconsin Department of Revenue at 608-266-2776.

- ⑨ License Plate Fee:** Regular passenger vehicle plates are for: automobiles; vans with more space for seating people than carrying property; or jeep-type or sport utility vehicle with back seat.
- ⑩ Regular light truck plates** (private operation only) are based on *gross weight** and are for: pick-up trucks; vans with more space for carrying property than seating people; jeep-type or sport-utility vehicle without back seat.
- *Gross weight is the vehicle weight PLUS the weight of the load you plan to carry.*

WISCONSIN PASSENGER VEHICLE & LIGHT TRUCK TITLE & LICENSE PLATE APPLICATION MV5 (98)

Processor ID No

Received-Date-Opened

Title No. - New License Plate No.

Amount Received, Document No.
Check Cash

DO NOT WRITE ABOVE THIS LINE

Vehicle Owner Information					
<input checked="" type="checkbox"/> (1) Owner Legal Name - Last	First	Middle Initial	<input checked="" type="checkbox"/> (2) Owner Social Security or Driver License Number or FEIN		
<input type="checkbox"/> AND Co-owner (if any) - Last Name	First	Middle Initial	Co-owner Social Security or Driver License Number or FEIN		
<input type="checkbox"/> OR					
Complete Address (include P.O. Box if applicable)		City	State	Zip Code	Owner Daytime (Area Code) Telephone Number

Vehicle Information					
Vehicle Identification Number	Year	Make	Type (car, truck, van, etc)	Color	Fleet No. (optional)
WI License Plate to Transfer: <input checked="" type="checkbox"/> (3)	Plate Type		<input type="checkbox"/> Check box if plates transferred from husband/wife. License plates cannot be transferred between other family members.		
Date you first drove this vehicle in Wisconsin:	Check any that apply (see instructions): <input type="checkbox"/> Title Only <input type="checkbox"/> Salvage <input type="checkbox"/> Police <input type="checkbox"/> Taxi <input type="checkbox"/> Flood Damaged <input checked="" type="checkbox"/> (4)				
Vehicle is kept in County	City Village Town (Check one)				
OF:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OF:	

Loan Information					
Secured Party Number(s) <input checked="" type="checkbox"/> (5)	Name of Lending Agency(s) or Person(s)	Street Address	City, State, Zip Code	(Area Code) Telephone Number	

Fees		
Title Fee \$21.00 (replacement \$8) <input checked="" type="checkbox"/> (6)	\$ _____	▶ Pay title fee if you are changing the owner(s) on the title, or titling the vehicle in Wisconsin for the first time. Pay replacement title fee to replace a lost, stolen or mutilated Wisconsin title. ▶ See instruction #7 - If tax exempt, enter code: _____ ▶ If "other" list reason here _____ ▶ See instruction #8 to determine your tax rate. Example: \$10,000 X .005 = \$50 (purchase price) (tax rate) (local tax)
Purchase Price	\$ _____	
State Sales Tax <input checked="" type="checkbox"/> (7) (purchase price X .05)	\$ _____	
Local Sales Tax <input checked="" type="checkbox"/> (8) (see example provided)	\$ _____	
Loan Filing Fee \$4 (pay fee for each loan listed above)	\$ _____	
License Plate Fee <input checked="" type="checkbox"/> (9)	\$ _____	▶ For any vehicles other than autos or light trucks, or specialized license plate, use form MV1. ▶ Attach application form MV2428. (All personalized requests must be mailed to Madison Regular Service address below). ▶ Attach application form MV0150.
• Passenger Vehicle \$45		
• Light Truck <input checked="" type="checkbox"/> (10) (private operation only) 4500 pounds gross weight or less \$48.50 6000 pounds gross weight or less \$61.50 8000 pounds gross weight or less \$77.50		
• Personalized Plate - add \$15	\$ _____	
• Sesquicentennial Plate - add \$15 one-time fee.	\$ _____	
Miscellaneous Fees		▶ REGULAR SERVICE: Mail the original vehicle Title (not a copy), application and check to: WI Dept. of Transportation P.O. Box 7949 Madison WI 53707-7949 ▶ PRIORITY SERVICE: Mail the original vehicle Title (not a copy), application and check with extra \$4 priority service fee to: WI Dept. of Transportation P.O. Box 7306 Madison WI 53707-7306
• Municipal Wheel Tax \$10 (If kept in cities of Beloit or Sheboygan only)	\$ _____	
• Counter Service Fee \$5 (if you apply in person)	\$ _____	
• Mail-in Priority Service Fee \$4 (Use Priority Service address)	\$ _____	
ENTER FEE TOTAL	\$ _____	

Make check payable to: **Registration Fee Trust**

Consent to Purchase Certification (see instruction 1- owner under 18)

I certify that I have legal custody of the person named as owner and consent to the purchase by such person and registration of the vehicle described in the applicants name.

Subscribed and Sworn to before me _____ County _____ Date my commission expires _____

X _____ (Parent, Guardian or Legal Custodian Signature) _____ (Date Signed)

X _____ (Notary Public Signature) _____ (Date)

Vehicle Owner Certification

I (we) certify that the information and statements on this application are true and correct.

X _____ (Owner Signature shown in vehicle owner information) _____ (Date)

X _____ (Co-Owner Signature) _____ (Date)

STOP Did you... Enclose a signed check with correct fees?
Enclose your original vehicle title unless you are replacing a lost title?
Sign the application?

How To Complete This Application

IF QUESTIONS: Call 608-266-1466; TTY 608-264-8703; or contact the DMV Customer Service Center nearest you.

To get a title and/or license plates for your vehicle, you must complete Sections A through G as they apply.

- Include the **original** Certificate of Title (not a copy) for a used vehicle. Include the Manufacturer's Certificate of Origin for a new vehicle.
- To replace a lost or damaged Wisconsin title, complete Sections A - D as they apply. *Note - The replacement title voids all previous titles.*

SECTION

A Vehicle Owner Information

Owner/Co-owner - the names that will be on the new title.
 "And" means all owners must sign the title to transfer ownership.
 "Or" means only one owner must sign the title.

Social Security Number and Driver License Number:

If you are applying as an individual, you are required to provide your Social Security Number, pursuant to 1997 Act 191, for the purposes of ss. 49.22, Wis Stats. Under the Social Security Act, 42 USC, 405, (c)(2)(C)(i), the department and other state and federal agencies may use the Social Security Number for purposes authorized by law.

FEIN - Federal Employer Identification Number is required for corporations or other non-individual owners.

B Vehicle Information - (Mandatory Display) To legally operate a car or small truck, you must display license plates within two business days of purchase. Provide either a license plate to transfer or a temporary plate number.

License Plate Transfers - the following license plate types belong to you. You may move them from a vehicle you no longer use to another vehicle of the same type that belongs to you or your spouse:

Auto (passenger vehicle)	Motor Home
Truck (up to 8,000 pounds)	Farm Truck (up to 12,000 pounds)
Motorcycle	Dual Purpose Veh. (up to 8,000 pounds)
Driver Ed	Dual Purpose Farm (up to 8,000 pounds)
Municipal	

Temporary Plate - If you do not have a plate to transfer, take your application to a DMV Customer Service Center or an agent authorized by DMV to obtain a metal or temporary plate. An agent will charge a \$3 temporary plate fee, give you a temporary plate valid for 90 days and may also charge a \$5 service fee.

Local Sales Tax - Use the chart below to determine your local sales taxes. Find the county in which the vehicle is kept.

Then multiply your purchase price by the number listed for the county. If exempt, use one of the code numbers above.

Adams .005	Clark 0	Florence 0	Jefferson .005	Marathon .005	Ozaukee .006	Rusk .005	Vilas .005
Ashland .005	Columbia .005	Fond du Lac 0	Juneau .005	Marquette 0	Pepin .005	Sauk .005	Walworth .005
Barron .005	Crawford .005	Forest .005	Kenosha .005	Menominee 0	Pierce .005	Sawyer .005	Washington .006
Bayfield .005	Dane .005	Grant 0	Kewaunee 0	Milwaukee .006	Portage .005	Shawano .005	Waukesha .001
Brown 0	Dodge .005	Green 0	La Crosse .005	Monroe .005	Price .005	Sheboygan 0	Waupaca .005
Buffalo .005	Door .005	Green Lake .005	Lafayette 0	Oconto .005	Racine .001	St. Croix .005	Wausara .005
Burnett .005	Douglas .005	Iowa .005	Langlade .005	Oneida .005	Richland .005	Taylor .005	Winnebago 0
Calumet 0	Dunn .005	Iron .005	Lincoln .005	Outagamie 0	Rock 0	Trempealeau .005	Wood 0
Chippewa .005	Eau Claire .005	Jackson .005	Manitowoc 0			Vernon .005	

If tax questions, call the Wisconsin Department of Revenue at 608-266-2776.

License Plate Fee

Regular passenger vehicle plates are for:

- automobiles
- vans with more space for seating people than carrying property
- jeep-type or sport utility vehicles with a back seat

Regular light truck plates are based on **gross weight*** and are for:

- pick-up trucks
- vans with more space for carrying property than seating people
- jeep-type or sport utility vehicles without a back seat

* **Gross weight** is the vehicle weight PLUS the weight of any load you plan to carry.

Salvage:

- vehicle less than 7 years old which has been damaged by collision or other occurrence to the extent that the cost of repairing the vehicle would exceed 70% of fair market value
 - a vehicle last titled in another state as a salvage vehicle
- Note: You cannot drive a salvage vehicle until it passes a salvage inspection, except to travel to the inspection site.*

Police/Taxi - a vehicle that has been used, or will be used, as a police vehicle or taxi.

Flood Damaged - a vehicle damaged by water to the extent that the estimated or actual repair costs, whichever is greater, exceeds 70% of fair market value.

C Loan Information - If you borrowed money for this vehicle, contact the lender for the correct information. Please show complete mailing address. Loan filing fee is \$4.

D Fees

Title Fee - Applying for a title only (without plates)

does not allow you to legally operate your vehicle on a Wisconsin roadway. To legally operate your vehicle, you must also apply for Wisconsin license plates.

State Sales Tax - Pay 5% sales tax unless one of the reasons below applies. List the code number and information requested.

Code	Reason
1	Vehicle previously titled in Wisconsin and purchased from spouse, parent, child, spouse's parent, child's spouse, stepparent or stepchild. List appropriate one.
2	Purchaser is Common or Contract Carrier using the vehicle exclusively as such. Show Authority Number.
3	Lessor reporting gross receipts from rental or lease. Show Seller's Permit or Use Tax Number.
4	State of WI or other federal or WI government unit or agency.
5	Tax paid to another state. List state and submit proof.
6	Purchaser is not a resident of WI and will not use motor vehicle in WI except to remove it from WI. Show residence state.
8	Religious, charitable, educational or other non-profit organization. List appropriate one and CES#.
9	Other - list reason.

Miscellaneous Fees

Municipal Wheel Tax - Pay \$10 fee if the vehicle is kept in the Wisconsin cities of Beloit or Sheboygan. Fee applies if you are purchasing or renewing license plates for a passenger car or truck registered at 8,000 pounds or less.

Counter Service Fee - is required if you apply in person at a DMV Customer Service Center.

Mail-in Priority Service Fee - Mail entire application, with an extra \$4 fee for Priority Service processing, to:

WI Dept. of Transportation
 P.O. Box 7306

Madison, WI 53707-7306

Owner Signature(s) - owner(s) shown in Section A must sign. If an owner is under 18, also complete Section E on back of

How To Complete This Application

IF QUESTIONS: Call 608-266-1466; TTY 608-264-8703; or contact the DMV Customer Service Center nearest you.

To get a title and/or license plates for your vehicle, you must complete Sections A through G as they apply.
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SECTION

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Barron .005	Crawford .005	Forest .005	Kenosha .005	Marquette .005	Pierce .005	Sawyer .005	Washburn .005
Bayfield .005	Dane .005	Grant 0	Kewaunee 0	Menominee 0	Polk .005	Shawano .005	Washington .006
Brown 0	Dodge .005	Green 0	La Crosse .005	Milwaukee .006	Portage .005	Sheboygan 0	Waukesha .001
Buffalo .005	Door .005	Green Lake .005	Lafayette 0	Monroe .005	Price .005	St. Croix .005	Waupaca .005
Burnett .005	Douglas .005	Iowa .005	Langlade .005	Oconto .005	Racine .001	Taylor .005	Waushara .005
Calumet 0	Dunn .005	Iron .005	Lincoln .005	Oneida .005	Richland .005	Trempealeau .005	Winnebago 0
Chippewa .005	Eau Claire .005	Jackson .005	Manitowoc 0	Outagamie 0	Rock 0	Vernon .005	Wood 0

If tax questions, call the Wisconsin Department of Revenue at 608-266-2776.

License Plate Fee

Regular passenger vehicle plates are for:

- automobiles
- vans with more space for seating people than carrying property
- jeep-type or sport utility vehicles with a back seat

Regular light truck plates are based on *gross weight** and are for:

- pick-up trucks
- vans with more space for carrying property than seating people
- jeep-type or sport utility vehicles without a back seat

* **Gross weight** is the vehicle weight PLUS the weight of any load you plan to carry.

License plates for other types of vehicles and special license plates are listed in Section G on back of application.

Salvage:

- vehicle less than 7 years old which has been damaged by collision or other occurrence to the extent that the cost of repairing the vehicle would exceed 70% of fair market value
- a vehicle last titled in another state as a salvage vehicle

Note: You cannot drive a salvage vehicle until it passes a salvage inspection, except to travel to the inspection site.

Police/Taxi - a vehicle that has been used, or will be used, as a police vehicle or taxi.

Flood Damaged - a vehicle damaged by water to the extent that the estimated or actual repair costs, whichever is greater, exceeds 70% of fair market value.

C Loan Information - If you borrowed money for this vehicle, contact the lender for the correct information. Please show complete mailing address. Loan-filing fee is \$4.

D Fees

Title Fee - Applying for a title only (without plates) does not allow you to legally operate your vehicle on a Wisconsin roadway. To legally operate your vehicle, you must also apply for Wisconsin license plates.

State Sales Tax - Pay 5% sales tax unless one of the reasons below applies. List the code number and information requested

Code Reason

- 1 Vehicle previously titled in Wisconsin and purchased from spouse, parent, child, spouse's parent, child's spouse, stepparent or stepchild. *List appropriate one.*
- 2 Purchaser is Common or Contract Carrier using the vehicle exclusively as such. *Show Authority Number.*
- 3 Lessor reporting gross receipts from rental or lease. *Show Seller's Permit or Use Tax Number.*
- 4 State of WI or other federal or WI government unit or agency.
- 5 Tax paid to another state. *List state and submit proof.*
- 6 Purchaser is not a resident of WI and will not use motor vehicle in WI except to remove it from WI. *Show residence state.*
- 8 Religious, charitable, educational or other non-profit organization. *List appropriate one and CES#.*
- 9 Other - *list reason.*

Miscellaneous Fees

Municipal Wheel Tax - Pay \$10 fee if the vehicle is kept in the Wisconsin cities of Beloit or Sheboygan. Fee applies if you are purchasing or renewing license plates for a passenger car or truck registered at 8,000 pounds or less.

Counter Service Fee - is required if you apply in person at a DMV Customer Service Center.

Mail-in Priority Service Fee - Mail entire application, with an extra \$4 fee for Priority Service processing, to:

WI Dept. of Transportation
 P.O. Box 7306
 Madison, WI 53707-7306

Owner Signature(s) - owner(s) shown in Section A must sign. If an owner is under 18, also complete Section E on back of application.

(instructions continued on back of this page)

E Consent to Purchase - (see back of application)

If an owner is under 18, a parent or guardian must complete this section.

G License Plate Type - (see back of application)

If you are not purchasing regular passenger vehicle or light truck plates:

- determine the plate type you need
- write the plate type and fee in Section D
- complete the information in the right column of Section G if it applies
- Insurance must be on file with DMV for the following vehicle types:

For Hire Auto	Driver Education	Bus
Human Service Vehicle	Rental	For Hire Carrier

Release of Information - The Wisconsin Department of Transportation uses the information provided on this and other forms to title and register vehicles in Wisconsin, collect fees and enforce Wisconsin laws. Under Wisconsin's Open Records Law, the Department may share non-confidential motor vehicle information with companies and others that use the data for business purposes. If you want your name and address withheld from such companies/groups, forms are available from DMV Customer Service Centers.

ADA - The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.

Gross Weight Fee Schedule

Gross Weight - Vehicle weight plus the weight of any load you plan to carry. This schedule is not for autos, motorcycles, mopeds and mobile homes. See Section G for column to use in determining gross weight fee.

Enter Gross Weight, Registration Period and fees in Section D. Fees are annual, except that plates for *FARM TRUCKS 12,000 pounds gross weight or less are good for two years and expire in February of even numbered years.

Gross Weight
Not over:

	A	B	C	D	E	F	G	H	J
4500	\$48.50	\$ 66.50	\$ 44.00	\$ 26.00		\$ 12.00	\$ 24.25		\$ 30.00
5000								\$ 48.50	
6000	61.50	79.50	54.50	36.50		15.50	30.75		33.50
8000	77.50	95.50	61.00	43.00		19.50	38.75	55.00	37.50
10000	119.50	137.50	78.00	60.00		30.00	59.75		48.00
12000	161.00	179.00	95.50	77.50	*\$ 45.00	40.25	80.50	67.50	58.25
16000	218.00	236.00	127.50	109.50	54.50	54.50	218.00	80.50	72.50
20000	274.00	292.00	160.00	142.00	68.50	68.50	274.00	93.50	86.50
26000	365.50	383.50	208.50	190.50	91.50	91.50	365.50	106.50	109.50
32000	468.50	486.50	263.00	245.00	117.00	117.00	468.50	119.50	135.00
38000	593.50	611.50	327.50	309.50	148.50	148.50	593.50	119.50	166.50
44000	708.50	726.50	389.00	371.00	177.00	177.00	708.50	119.50	195.00
50000	818.00	836.00	443.50	425.50	204.50	204.50	818.00	119.50	222.50
54000	873.00	891.00	474.00	456.00	218.25	218.25	873.00	119.50	236.25
56000	930.00	948.00	505.00	487.00	232.50	232.50	930.00	119.50	250.50
62000	1051.50	1069.50	569.50	551.50	263.00	263.00	1051.50	119.50	281.00
68000	1187.00	1205.00	640.50	622.50	296.75	296.75	1187.00	119.50	314.75
73000	1350.00	1368.00	727.50	709.50	337.50	337.50	1350.00	119.50	355.50
76000	1600.50	1618.50	856.50	838.50	400.00	400.00	1600.50	119.50	418.00
80000	1969.50	1987.50	1050.00	1032.00	492.50	492.50	1969.50	119.50	510.50

Quarterly Registration - Trucks, Tractors, Buses, Motor Homes, and Trailers registered for more than 8,000 pounds gross weight may register quarterly. Farm Trucks and vehicles registered at special reduced fees are not eligible, except those registered for hauling dairy or raw forest products. Calculate fee as follows: Annual fee divided by 4, multiplied by number of quarters. Plus \$5.

Consecutive Monthly Registration - Trucks, Trailers or Truck Tractors transporting certain commodities are eligible. Requires a minimum of 3 consecutive months registration. Complete Consecutive Monthly Registration block in Section G. Calculate fee as follows: Annual fee divided by 12, multiplied by number of months. Plus \$15.

Registration Periods

TRK. TRAC. BUS. TRLR MOTOR HOME

1st Qtr. (Jan-Mar) (Apr-Jun)

2nd Qtr. (Apr-Jun) (Jul-Sep)

3rd Qtr. (Jul-Sep) (Oct-Dec)

4th Qtr. (Oct-Dec) (Jan-Mar)

Annual

Consecutive Monthly Registration: Enter the number of months of registration you want (minimum of 3 months) and the beginning month of registration; for example, 3/February.

Mail to: **WI Dept. of Transportation**
Intrastate Trucking Unit
P.O. Box 7926
Madison, WI 53707-7926

WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1 (1/2000)

Processor ID No

Received - Date - Opened

Title No. - - New License Plate No.

Amount Received, Document No.
Check Cash

DO NOT WRITE ABOVE THIS LINE

Section A - Vehicle Owner Information

Owner Legal Name - Last	First	Middle Initial	Owner Social Security or Driver License Number or FEIN Required See Instructions	
Co-owner (if any) - Last Name	First	Middle Initial	Co-owner Social Security or Driver License Number or FEIN Required See Instructions	
<input type="checkbox"/> OR <input type="checkbox"/> AND (check one)				
Complete Address (including P.O. Box if applicable)	City	State	Zip Code	Owner Daytime (Area Code) Telephone Number
If this is a leased vehicle, list Lessee Name			Lessee Social Security or Driver License Number or FEIN	
Lessee Street Address	City	State	Zip Code	Lessee Daytime (Area Code) Telephone Number

Section B - Vehicle Information

Vehicle Identification Number	Year	Make	Type (car, truck, van, etc)	Color	Fleet No. (optional)
WI License Plate to Transfer or Temporary Plate: Check box if transferring to/from leased vehicle <input type="checkbox"/>			Plate Type		
Date you first drove this vehicle in Wisconsin: Check any that apply (see instructions):			Check box if plates transferred from husband/wife. License plates cannot be transferred between other family members. <input type="checkbox"/>		
<input type="checkbox"/> Title Transfer			<input type="checkbox"/> Title Only	<input type="checkbox"/> Salvage	<input type="checkbox"/> Police
<input type="checkbox"/> Taxi			<input type="checkbox"/> Flood Damaged		
Vehicle is kept in County	City: Village Town (Check one)				
OF:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OF:	

Section C - Loan Information

Secured Party Number(s)	Name of Lending Agency(s) or Person(s)	Street Address, City, State, Zip Code	(Area Code) Telephone Number
-------------------------	--	---------------------------------------	------------------------------

Section D - Fees

Title Fee \$22.00 (replacement \$8)..... \$ _____

Purchase Price \$ _____
(WARNING: It is a crime to understate the purchase price)

Less trade-in allowance... \$ _____

Amount subject to tax \$ _____

State Sales Tax (purchase price x .05) \$ _____

Local Sales Tax (see Example) \$ _____

Loan Filing Fee \$4 (pay fee for each loan in section C) \$ _____

License Plate Fee \$ _____

- Passenger Vehicle \$45
- Light Truck (private operation only):
4500 pounds gross weight or less \$48.50
6000 pounds gross weight or less \$61.50
8000 pounds gross weight or less \$77.50
- Other License Plate Types (see information at right)

Miscellaneous Fees (see instructions to see if any apply).

- Municipal Wheel Tax \$10 (cities of Beloit or Sheboygan only) \$ _____
- Motor Carrier Class Fee from section G \$ _____
- Temporary Plate Fee \$3 \$ _____
(Only if no plate to transfer, and if applying at an authorized agent)

Optional Fees (customer initials to OK)

- Mail-in Priority Service Fee \$4 (Use Priority Service Address)..... \$ _____
- Counter Service Fee \$5 (if you apply in person at DOT)..... \$ _____
- Electronic Title/License Plate Filing Fee \$ _____
(If applying thru an agent that files electronically, then an additional fee will be charged. Make check payable to the agent)

ENTER FEE TOTAL \$ _____

Pay title fee if you are changing the owner(s) on the title, or titling the vehicle in Wisconsin for the first time. Pay replacement title fee if replacing a lost, stolen or mutilated Wisconsin title.

See instructions to determine which taxes apply.
If tax exempt, enter code
If other, list reason
See instruction on local sales tax to determine your tax rate.
Example: \$10,000 X .005 = \$50
(purchase price) (rate) (local tax)

For other plate types see section G on back of this page.
Enter plate type.....
and gross weight if applicable.....
and registration period.....
and enter fee at left.
Note - For Heavy vehicles that qualify for Consecutive Monthly or Quarterly registration, see back page of instructions for more information and special address.

REGULAR SERVICE:
Mail the original vehicle Title (not a copy), application and check to:
**WI Dept. of Transportation
P.O. Box 7949
Madison WI 53707-7949**

PRIORITY SERVICE: (not available for personalized plates)
Mail the original vehicle Title (not a copy), application and check with **extra \$4** priority service fee to:
**WI Dept. of Transportation
P.O. Box 7306
Madison WI 53707-7306**

Make check payable to: **Registration Fee Trust**

Vehicle Owner Certification - If an owner is under 18 years old, complete Consent to Purchase (Section E) on back of this page.

I (we) certify that the information and statements on this application are true and correct.

X _____ X _____
(Owner Signature) (Date) (Co-Owner Signature) (Date)

STOP Did you...
• Enclose a signed check with correct fees?
• Enclose your original vehicle title if needed?
• Sign the application?

E CONSENT TO PURCHASE

UNDER 18 YRS OLD

I certify that I have legal custody of the person named as owner and consent to the purchase by such person and registration of the vehicle described in the applicants name.

Date signed

Signature (Legal Custodian, Parent or Guardian)

Notary Public

County

Date my commission expires

Date Subscribed and Sworn to before me

Notary Signature

F NON-OPERATION

The vehicle described on this application has not been operated upon public highways between dates indicated

From:

Through:

G LICENSE PLATE TYPES

Vehicle type and use determines the vehicle registration. Fees shown are annual unless otherwise indicated. See instructions for Gross Weight Fee Schedule

Automobile AUT

AUTO Fee = \$45. Check if:

Motorcycle CYC

MOTORCYCLE of less than 1500 lbs. two-year registration only - Plates expire in April of even numbered years. Fee= \$23

MPD

MOPED (130cc or less, a maximum speed of 30 mph, operative pedals or automatic transmission) two-year registration only - Plates expire in April of even numbered years. Fee= \$23

Recreation MTM

MOTOR HOME used as temporary or recreational dwelling - Fee= column "H" of fee schedule

MBH

MOBILE HOME (walls rigid, collapsible or non-collapsible - for human habitation) - Show length at right. Fee= \$15

FRM

FARM TRUCK used primarily for transporting my farm produce and supplies and NOT for traveling to and from a non-farm occupation (if 38,000 pounds or more, truck must be used EXCLUSIVELY for transporting farm produce and supplies). Fee= column "E" of fee schedule.

Farm

DPF

FARM TRUCK TRACTOR used EXCLUSIVELY for transporting supplies, farm equipment and products. Annual Fee = column "J" of fee schedule.

FTL

DUAL PURPOSE FARM (farm and non-farm activity) register at gross wt. when used for non-farm occupation. Farm activity, maximum gross wt. is 12000 lbs. Fee= column "A" of fee schedule.

TRK

FARM TRAILER used exclusively for farm purposes. Fee= column "F" of fee schedule.

TRK

TRUCK operated private or under authority. Fee= column "A" of fee schedule. Check Consecutive Monthly Registration block if applicable.

Truck and/or Tractor

DPV

DUAL PURPOSE TRUCK interchanges between a truck and motor home. Fee= column "A" of fee schedule (registered at gross wt. when used as a truck)

TOR

TRUCK TRACTOR normally used with semi-trailer. Fee= column "B" of fee schedule. Check Consecutive Monthly Registration block if applicable.

ROAD TRACTOR Fee= column "A" of fee schedule.

DAIRY

Motor vehicle transporting DAIRY products EXCLUSIVELY. Fee= column "C" of fee schedule if truck-tractor. (column "D" if truck, column "F" if trailer). Must qualify by Wisconsin Statute.

WOOD

Vehicle transporting RAW FOREST PRODUCTS EXCLUSIVELY. Fee= column "C" of fee schedule if truck-tractor, (column "D" if truck, column "F" if trailer). Must qualify by Wisconsin Statute.

SEMI

SEMI TRAILER used with a Truck Tractor. Fee= \$50 for non-expiring License Plate, not transferrable.

Trailer

TRL

TRAILER registration is optional for private operation 3000 lbs. or less. Fee= \$24.25. If over 3000 lbs., registration required. Fee= column "G" of fee schedule. Check Consecutive Monthly Registration block if applicable.

TRAILER for rental or For Hire must be one of a fleet of 100 or more. Registered wt. 4500 lbs. or less. Fee= \$24.25 annually (6 yr. plate)

BUS

BUS capacity= 16 or more persons. Fee= column "A" of fee schedule.

Bus

BBX

URBAN MASS TRANSPORTATION BUS - Fee= \$5. (5 yr. plate)

BSB

SCHOOL BUS Fee= \$5. (5 yr. plate)

HSV

HUMAN SERVICE VEHICLE - Fee= \$45. Auto plate, show passenger capacity

DEV

DRIVER EDUCATION VEHICLE - Fee= \$5. (5 yr. plate)

Special

MUN

MUNICIPAL owned by municipality Regular Official | Fee= \$5 when original plate issued

SOV

STATE OWNED VEHICLE | Fee of \$1 to transfer plates.

SPZ

Vehicle owned privately and used exclusively for: (check one) Fee= column "F" of fee schedule

SUX

SPECIAL MOBILE EQUIPMENT (Refer form MV2025 for more information).

ITP

INTRANSIT/TEMPORARY OPERATION 30/90 day plate to operate a vehicle except buses, For Hire or IRP vehicles. Fee= \$3.

SPX

Vehicle owned, operated and used exclusively for: (check one) Fee= \$5. (5 yr. plate)

PER

PERSONALIZED plate - attach form MV2428

DIS

DISABLED PERSON - attach form MV2162

VET

DISABLED VETERAN - attach form MV2172

COL

COLLECTOR VEHICLE (20 or more yrs. old) - attach form MV2323

CLS

COLLECTOR SPECIAL plate used on a vehicle by a collector instead of regular plates. Fee= regular registration plus \$5 when plate issued

HOB

HOBBYIST - Reconstructed street modified or replica 20 or more years old or homemade vehicle attach form MV2388

AMA

AMATEUR RADIO (FCC License) See informational sheet MV2747

ANT

ANTIQUÉ - Model year 1945 or earlier. Fee= \$5 when original plate issued.

XPW

EX-PRISONER OF WAR Include U.S. Veterans Administration Certification Statement.

WNG

NATIONAL GUARD - Attach AG Certification. Auto - Fee= \$45 plus \$10 when plate issued. Truck 8000 lbs. or less - Fee= column "A" of fee schedule plus \$10 when plate issued. Attach form MV2428 if requesting personalized plates

MLG

MILITARY SPECIAL GROUP - MILITARY - attach form MV2653

CVG

CIVILIAN SPECIAL GROUP - CIVILIAN - attach form MV2652

HEG

HIGHER EDUCATION GROUP (University of Wisconsin) - attach form MV2724

ER

ENDANGERED RESOURCES - attach form MV2858

SDV

SPECIAL DESIGNED VEHICLE Fee= \$5

KID

CELEBRATE CHILDREN - attach form MV2899

Vehicle will be used "For Hire" Authority Number:

Motorcycle/Moped manufactured for highway use and displays required Federal Cert. Label

MOBILE HOME LENGTH

Vehicle will be used as an AMBULANCE

MOTOR CARRIER CLASS

(check one) Do not include permit fees if you hold any interstate For Hire authorities, or a semi-trailer
1. Private-No permit fees
5. Rental-Private
6. Rental-For Hire=\$5
7. Rental-Private & For Hire=\$5
8. Intrastate For Hire Only- PC=\$5 or LC=\$5
9. Interstate For Hire (purchase WI stamp from DOT Permit Unit).
NOTE: All For Hire Carriers must show AUTHORITY NUMBER(s) here (LC, IC, PC, RC)

CONSECUTIVE MONTHLY REGISTRATION Used exclusively to:

* Transport concrete pipe or block and related materials, petroleum products, recycled metal salvage materials, dirt, fill or aggregate or perishable fresh fruits or vegetables for canning, freezing, dehydrating or storage prior to processing including return of waste, logs or pulpwood or fresh milk.
* Transport gravel, concrete or cement and bituminous road construction materials or agricultural lime, feed, grain or fertilizer.
* Motor Trk or Trk Trac owned or leased by a retail lumberyard used exclusively to transport building constr. materials from retail lumberyards to bldg constr. sites.
* Tow stalled/disabled vehicles.

PASSENGER CAPACITY

Bus	School Bus	HSV
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Seasonal hauling of my carnival rides & equipment.
 Transporting my grading, ditching, or excavating equipment.

Motor Bus for Charitable purposes.
 Motor Bus for participants in parades.
 Other vehicles qualifying by statute.

COLLECTOR PLATE NUMBER

Mail fee and application to:
WI Dept. Of Transportation
Special Plates Unit
P.O. Box 7911
Madison, WI 53707-7911
For further information,
Telephone 608-266-3041

SCHOOL BUS PRE-SALE Approved for Registration
X
(Signature)
(Badge No) (Date)



U.S. Veteran Disabled Parking License Plates

Information and Application

Wisconsin Department of Transportation
MW2172

QUALIFYING PERSONS

A "Disabled Veteran" license plate may be issued to a *military veteran with a permanent disability incurred in active U.S. Military Service that limits or impairs ability to walk*, who is the:

- Owner,
- Lessee, or
- Beneficiary of the trust owner.

QUALIFYING VEHICLES

The following vehicles qualify for "Disabled Veteran" license plates:

- Automobiles, motor homes (annual registration only);
- A private truck, dual purpose motor home or dual purpose farm truck which has a gross weight of 8,000 pounds or less;
- A farm truck which has a gross weight of 12,000 pounds or less.

DISABLED VETERAN LICENSE PLATES USE

A motor vehicle displaying "Disabled Veteran" license plates issued by Wisconsin or any other state or country, is subject to all Wisconsin motor vehicle laws and is granted the following privileges when the person with the disability is present:

- Parking in places reserved for people with a disability;
- Exemption from time limitations in parking places with a 1/2 hour or more limit;
- Exemption from payment in metered parking places with 1/2 hour or more limit. **This does not include payment collected by parking attendants.**

- Upon request, a driver who is disabled may obtain fuel from a full-service pump at the same price as fuel from a self-service pump. This applies at locations where fuel is sold at retail from both full and self-service pumps. The retailer is not required to provide any other service that is not provided to customers who use a self-service pump.

RELEASE OF INFORMATION

The Wisconsin Department of Transportation uses the information on this form to issue disabled parking license plates. Under open records laws, the department must make nonexempt information available upon request. The department makes some information available to companies for business purposes. If you want your name and address withheld from such business mailing lists, please obtain form MV3392, Request to Withhold Name and Address from any DMV office. Complete and return form MV3392 to the address given on the form.

GENERAL INFORMATION

- Only one Disabled Parking Identification Card may be issued to persons with "Disabled Veteran" license plates.

- The Department may cancel a "Disabled Veteran" license plate which was issued as a result of fraud or error.

- If you are a licensed driver, the department may review your disability to re-evaluate your licensing eligibility.

- To legally operate your vehicle, you must display license plates within 2 business days of purchase. If you do not have current plates, apply to a DMV Customer Service Center or an agent authorized by DMV to obtain a temporary plate while your Disabled Veteran plate order is processed. An agent may charge a \$3 plate fee and/or may also charge a \$5 service fee.

- The Certificate of Title must be submitted before plates may be ordered.

PERSONALIZING INFORMATION

- A \$15 personalized plate fee is required *EACH* year in addition to the regular annual registration fee.

- No refund or adjustment will be made for a change of choice or spacing after the plate has been ordered, or if the application is incorrectly or unclearly completed.

- The department may refuse to issue a request which may be offensive to good taste or decency, misleading or conflict with the issuance of any other license plates.

- The department is authorized to recall, after issuance, a plate that is discovered to be obscene or otherwise offensive.

- Allow approximately 4-6 weeks for the manufacturing process, after title is issued.

First Choice					
Meaning of First Choice					
Second Choice					
Meaning of Second Choice					
Third Choice					
Meaning of Third Choice					

Choose 1-4 characters. If you choose 4 characters, only one space is allowed.



Carefully distinguish between:

- Letters I, or I and Number 1
- Letter S and Number 5
- Letter G and Number 6
- Letter Z and Number 2
- Letter B and Number 8
- Letter U and Letter V

Note: If requested personalized plate choices are not available, nonpersonalized Disabled Veteran plates will be issued.

Check one:

- I would like *nonpersonalized* Disabled Veteran plates.
- I would like *personalized* Disabled Veteran plates.

Qualifying Disabilities

- Any person certified by an authorized VA representative as having a permanent disability resulting from injuries incurred in active U.S. Military service is eligible for the Disabled Veteran Parking License Plates. By legal definition, this includes any person who:
- Cannot walk 200 feet or more without stopping to rest;
 - Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device;
 - Is restricted by lung disease to the extent that forced expiratory volume for 1 second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
 - Uses portable oxygen;
 - Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association;
 - Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition;
 - Has an equal degree of disability to those described above.

HOW TO APPLY

1. Complete Applicant Section
2. Have authorized VA representative complete VA Certification
3. If you want personalized Disabled Veteran plates, mark application and refer to back side of Applicant Section. If you want nonpersonalized Disabled Veteran plates, mark application.
 4. Send the following items:
 - Completed application;
 - Your Wisconsin title (not a photocopy);
 - Registration fee if your current plates expire within the next three months;
 - Additional \$15.00 if applying for personalized Disabled Veteran plates
 - If a fee is needed, check or money order made payable to: **Registration Fee Trust.**
 5. Mail or deliver with payment to:

**Wisconsin Department of Transportation
Special Plates Unit
4802 Sheboygan Ave.
P O Box 7911
Madison WI 53707-7911**

If you have any questions about Disabled Veteran parking license plates, call 608-286-3041
• TTY 608-264-8703
• e-mail: special-plates.dmv@dot.state.wi.us
• write to the address shown above.

Disabled Veteran Parking License Plates Application APPLICANT SECTION

Check if you would also like 1 Disabled Parking Identification Card. Include a \$6.00 ID card fee.

Registration For Vehicle Owned OR Leased By -

- Check one:
- Person with qualifying disability incurred in active U.S. Military Service.
 - Trust whose beneficiary is person with qualifying disability incurred in active U.S. Military service. Complete and attach form MV2790.

Please Print Clearly

Legal Name of Veteran with Disability - First, Middle Initial, Last	
Address	
City, State, Zip Code	
Social Security Number	
Month, Day, Year You Were Born	<input type="checkbox"/> Female <input type="checkbox"/> Male
Driver License/Non-driver Identification Number - If none, write NONE	
Telephone Number (Where You May Be Reached) 7 AM - 4:30 PM	
U.S. Military Service Number	
Claim Number	
Service Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard

I have read the information on this form and understand the qualifications and provisions under which Disabled Veteran license plates may be issued. I authorize the U.S. Department of Veterans Affairs to send a copy of my rating decision to the Wisconsin Department of Transportation.

X (Signature of Veteran with Disability) (Date)

This Area for Office Use

VA CERTIFICATION

This must be completed and signed by an authorized representative of the U.S. Department of Veterans Affairs. This information is privileged and will not be released without written consent of the veteran. This statement is for issuance of disabled parking license plates and is not to be considered as a claim for VA benefits.

With the permission of the named applicant, the Department of Veterans Affairs submits the following information concerning his/her service connected disabilities.

YES NO Does the applicant's medical condition or disability impair his/her ability to SAFELY operate a motor vehicle? The department has a responsibility to ensure that all drivers are able to exercise reasonable control over their vehicles. If the answer is yes, the applicant will be required to complete a driving examination.

X (VA Regional Center Authorized Representative) (Date)

Note: Recertification is required every 4 years.

AMERICANS WITH DISABILITIES ACT

The Wisconsin Department of Transportation complies with the Americans with Disabilities Act.