REPLACEMENT TITLE APPLICATION

Pursuant to s.342.13 Wis. Stat.

Wisconsin Department of Transportation

Instructions – How To Complete This Application

IF QUESTIONS: Call (608) 264-7447 or contact the DMV Customer Service Center nearest you.

For a list of title and registration locations, visit http://wisconsindmv.gov/Pages/online-srvcs/external/dmv.aspx.

To replace a lost or damaged Wisconsin title, complete Sections A though F as they apply. If you are the lien holder who received the original title for this vehicle, please complete the Vehicle Lien Holder Certification section.

SECTION

A Vehicle Owner Information

Owner/Co-owner: The names on the replacement title will match what is currently in our records. "And" means all owners must sign the title to transfer ownership. "Or" means only one owner must sign the title.

Opt Out: You may remove your name(s) from mailing lists that contain 10 or more individual names by checking the box. Businesses are not eligible for opt out.

Social Security Number and Driver License Number: If you are applying as an individual, you are required to provide your Social Security Number (SSN), under s.342.06(1)(eg) Wis. Stats. If you have a WI driver license, you may provide that number instead of your SSN. Under the Social Security Act, 42 USCs. 405,(c) (2)(C) (i), the department and other state and federal agencies may use the SSN for purposes authorized by law. **FEIN:** Federal Employer Identification Number is required for corporations or other non-individual owners.

B Vehicle Information

The vehicle identification number and plate number are necessary to process your application.

C Loan Information: For any new loans you may be adding, contact the lender for the correct information, including complete mailing address. You will receive a Confirmation of Ownership and your title will be sent to the first lender on the title.

If you are listed on the Department of Children and Family Services (DCF) docket for unpaid child support, the title will be delivered to their office (if there are no other liens on the vehicle) and you will receive a Confirmation of Ownership. If you have questions about child support, contact DCF at: **(608) 267-3905**.

D Fees

Replacement Title Fee is required to replace a lost, stolen or mutilated Wisconsin title.

Loan Filing Fee is required if you are adding a new loan to the vehicle at the time of application for a replacement title.

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

Processing Fee may be required if you are adding a loan and the Secured Party is not filing electronically; add \$5 for DMV processing. Nonexempt Secured Parties must pay an additional \$20 surcharge that may not be charged to the customer.

Vehicle OWNER Certification

Only the owner may apply for a replacement title if there are no liens on the vehicle or the lien was filed before July 30, 2012. Complete the permission to mail title certification section if the replacement title should be sent to someone other than the vehicle owner name and address shown above in section A.

Vehicle LIEN HOLDER Certification

Only the lien holder may apply for the replacement title **if the lien was filed on or after July 30, 2012**. Lien holders who received an electronic title cannot apply for a replacement using this form. They must contact their service provider for assistance. Complete the name and address section if the replacement title should be sent to someone other than the lien holder.

Release of Non-Exempt Information: Under Wisconsin open records law, the Wisconsin Department of Transportation must provide information from its records to requesters. If you do not want your name and address included in requests we receive for ten or more records, you may ask the department to withhold your name and address from those lists. Form MV3592 is available at DMV Customer Service Centers and at: <u>http://wisconsindot.gov/Pages/global-footer/formdocs/</u> <u>default.aspx</u>.

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

Information Regarding Title to Lien Holder

On July 30, 2012, Wisconsin became a title to lien holder (lender) state. Any title with a lien (loan) listed as of July 30, 2012, will be sent to the lien holder rather than the owner. Owners of vehicles will receive a Confirmation of Ownership and will receive the actual title when all liens are paid off. **Vehicle owners are not eligible to apply for a replacement title until that time.** Contact your lender for the title.

- Customers may apply for a replacement title for vehicles that are currently titled in their name. This excludes any
 vehicles titled after July 30, 2012, with a lien listed. Titles with liens issued after this date will only be issued to lien
 holders. To check for lien information on your vehicle, refer to online services at: wisconsindmv.gov.
- Lien holders who received an electronic title cannot apply for a replacement using the MV2119, they must contact their service provider for assistance.

REPLACEMENT TITLE APPLICATION	Title No. – New License Plate No.
V2119 11/2017 s.342.13 Wis. Stat Processor ID No. Received – Date – Opened	Amount Received – Document No. Check Cash
NOT WRITE ABOVE THIS LINE. Complete form using BLUE or BLACK INK.	
se this form if you are replacing a lost, stolen, or mutilated title se the instructions for more information. If this is a Transfer of Owr	
Section A – Vehicle Owner Information	
wner Legal Name (Last, First, Middle Initial OR Business Name) 🛛 Opt Out regardin	g open records laws (see instructions) Birth Date
wner Social Security Number – Required Driver License Number – Require OR	FEIN Number (if company owned) – Requir
1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8	8 9 10 11 12 13 14 1 2 3 4 5 6 7 8 9 Co-Owner Social Security # or Driver License # or FEIN Number – Required
treet Address (include PO Box if applicable)	Y Y 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 State ZIP Code Owner Daytime (Area Code) Telephone Number
Section B – Vehicle Information ehicle Identification Number (standard VIN has 17 characters) Year M	ake Type (Car, Truck, Van, etc.) Color Fleet No. (Optional)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	
cense Plate Number Vehicle is kept in County OF:	City Village Town (check one)
1 2 3 4 5 6 7 8	
Section C – Loan Information — Use this section if you are adding a ame of Lending Agency(s) or Person(s)	Secured Party Number(s) (Area Code) Telephone Number
treet Address (include PO Box if applicable) City	1 2 3 4 5 6 7 8 State ZIP Code
Section D – Fees eplacement Title Fee – \$20\$\$	MAIL the application and check to:
pacement rite ree – \$20	WI Dept. of Transportation
counter Service Fee – \$5 (if you apply in person at WisDOT)\$	PO Box 7949, Madison WI 53707-7949 Make Check Payable To: Registration Fee Trust
rocessing Fee – (if applying thru an agent that files electronically	Any title with a lien (loan) listed as of July 30, 2012, will be sent to the lien holder. Please visit http://wisconsindot.gov/Pages/online-srvcs/other-
an additional fee will be charged)\$	servs/lien-search.aspx to verify lien list dates.
Section E – Vehicle OWNER Certification	Section F – Vehicle LIEN HOLDER Certification
By signing below, I (we) certify that my (our) title is lost, stolen or mutilated and is not currently held by the lien holder. The information and statements on this application are true and correct.	Wisconsin titles issued electronically to the lien holder cannot be issued a paper replacement title. See reverse side for more information By signing below, we certify that we are requesting the title on
ermission to Mail Title Certification If you would like the title mailed to a different address, please fill in	our behalf as the current holder of this title and statements on this application are true and correct.
the name and address below. I, the owner of the above vehicle, give permission to mail the replacement title to the following:	Name of Lending Agency(s) or Person(s) Street Address (include PO Box if applicable)
ame of Title Recipient	City State ZIP Code
ddress of Title Recipient	Secured Party Number (Area Code) Telephone Number
ity State ZIP Code	If you would like the title sent to a different address, please fill in the name and address below. We, the lien holder of the above vehicle, give permission to mail the replacement title to the following:
,	Name
(Owner Signature) (Date – m/d/yyyy)	Address
(Co-owner Signature) (Date – m/d/yyyy)	City State ZIP Code
Did you Enclose a signed check? Sign the application?	Y
Make a copy for your records?	(Lien Holder Signature) (Date – m/d/yyyy)