TITLE APPLICATION **BRANDING NOTIFICATION**

MV2849 3/2020 s.340.01(18p), s.340.01(20m), s.340.01(55g), s.342.06, 342.065(1)(c), 342.065(1m) Wis. Stats.

Title Number

Amount Received Check Cash

Received – Date – Opened

Use this form to notify Wisconsin Department of Transportation of vehicle title branding and, if applicable, to transfer title to an insurer.

Section A Vehicle Information							
Year	Make	Model	Color	Vehicle Identification Number (standard VIN has 17 characters)			
				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17			
Current State	of Title			Title Number			

Section B Vehicle Owner Information	
Owner Legal Name	
Owner Social Security Number or Wisconsin Driver License Number	
Street Address, City, State, Zip Code	(Area Code) Daytime Telephone Number
Date Damage Occurred (if applicable)	Title is attached Wisconsin lien holder is in possession of title

Section C Insurer Information (Do not complete if no insurance claim is involved)						
Insurance Company Name						
FEIN $1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9$						
Street Address, City, State, Zip Code	(Area Code) Daytime Telephone Number					
Claim Number	Date Damage Occurred	Date Acquired from Owner (if applicable)				

Notification Only - Owner is retaining the vehicle. (See reverse for title transfer to insurer.)

The Department will issue a new, branded title in the current owner's name. Send the title with this form to the address below. If there is a lien on your title and a Wisconsin lender holds the title, you may send this form without the title. There is no title fee for title notification only.

Check all applicable brands from the list below.

- Salvage The vehicle is less than 7 years old and was damaged to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Hail Damage The vehicle is less than 7 years old and was damaged by hail to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Flood Damage The vehicle was damaged by flood to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- **Previous Police -** The vehicle was previously used as a police vehicle by a law enforcement agency.
- **Previous Taxi** The vehicle was previously used as a taxicab or for public transportation.

I certify the information on this application is true and correct.

(Owner/Insurance Company Authorized Agent - Print Name)

(Owner/Insurance Company Authorized Agent Signature)

TITLE APPLICATION BRANDING NOTIFICATION (continued)

Wisconsin Department of Transportation MV2849 s.340.01(18p), s.340.01(20m), s.340.01(55g), s.342.06, 342.065(1)(c), 342.065(1m) Wis. Stats.

Title Only – Transfer title to insurance company. (See reverse for owner retention.)

The insurer listed in Section C of this form is applying for title to the vehicle listed in Section A. By obtaining a title only without registration, operation of the vehicle is not permitted upon public highways. If applying for registration (non-salvage vehicle only) or adding a lien, submit form MV1, Title and License Plate Application, and applicable fees with this form.

Check all applicable brands from the list below.

- Salvage The vehicle is less than 7 years old and was damaged to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Flood Damage The vehicle was damaged by flood to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Hail Damage The vehicle is less than 7 years old and was damaged by hail to the extent that the estimated or actual repair cost, whichever is greater, exceeds 70% of its fair market value.
- Insurance Claim Paid The vehicle is less than 7 years old and was transferred to the insurer upon payment of a claim for damages of 30% through 70% of its fair market value.

To apply for title in insurance company's name, submit:

- The current title, with the odometer information completed and signed by all required previous owners in the reassignment area
- Lien release for any lien listed on the vehicle title or electronic vehicle record

\$164.50 title transfer fee; \$5.00 counter service fee (if applying in person at DMV Customer Service Center) Make check payable to: Registration Fee Trust

Previous owner does not execute assignment and warranty of title. Applies only to salvage title.

An insurer taking delivery in Wisconsin of a salvage vehicle that is not currently titled as salvage upon payment of an insurance claim that, including any deductible amounts, exceeds 70 percent of the fair market value of the vehicle, may submit the following in lieu of the title:

Completed and signed MV2488, Vehicle Transfer and Odometer Mileage Statement, showing vehicle odometer reading
 Copy of proof that the insurer has paid the owner or secured party a total loss claim that exceeds 70 percent of the fair market

value of the vehicle

Signed acknowledgement below of the following affidavit:

I have provided notice to the previous owner of the requirement under s.342.15(1)(c) to execute an assignment and warranty of

title for the				
_	Year	Make	Vehicle Identification Number	

Notice was provided concurrently with the payment of the claim or by certified mail or electronic means. The previous owner did not execute an assignment and warranty of title for the vehicle to me, the insurer, within 30 days of receiving the notice.

I have on at least 2 occasions requested in writing addressed to the previous owner and secured parties that the previous owner execute an assignment and warranty of title for the vehicle to me. These requests were addressed to the previous owner and secured parties and were sent by certified mail or electronic means, including electronic mail or posting on an electronic network or site that is accessible via the Internet by using a mobile application, computer, mobile device, tablet, or any other electronic device.

Name o	of owne	r notifi	ed:		

Names of secured parties notified:

Mail to: Wisconsin Department of Transportation P.O. Box 7949 Madison. WI 53707-7979

I certify the information on this application is true and correct.

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(Insurance Company Authorized Agent - Print Name)

(Insurance Company Authorized Agent Signature)

(Date)