



TEMPORARY LICENSE PLATE APPLICATION

30-90 Day Operating Permit
Wisconsin Department of Transportation
MV2505 6/2018 s.341.09 Wis. Stats.



Complete form using **BLUE** or **BLACK** ink.

Make Check Payable To: **Registration Fee Trust**
Mail To: Wisconsin Department of Transportation
Special Plates
P.O. Box 7911
Madison, WI 53707-7911

Temporary license plates may be received immediately at any DMV service Center which provides registration services.
A \$5 counter service fee will apply unless issuance is due to mandatory display.

License Plate Number 1 2 3 4 5 6 7 8		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				Vehicle Year	Make
Print Registration Owner's Name – Last, First, MI					<input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Driver	Birth Date MM - DD - YYYY M M - D D - Y Y Y Y	
Street Address		City	State	ZIP Code	Social Security Number (optional) 1 2 3 - 4 5 - 6 7 8 9		
Mailing Address (if different from above)					(Area Code) Telephone Number Between 7:30 a.m. and 4 p.m.		

I request a temporary plate for the vehicle listed above because:

- (I) The vehicle failed the emission test and is being repaired (\$3 for 30 days)
- (O) The vehicle was purchased in WI and is being driven home to: ____ (\$3 for 30 days)
- (L) I am an active duty military personnel home on leave (Free for 30 days) Requested Operation Dates (m/d/yy)
- (V) Collector or Hobbyist for January operation (\$5 for 5 days) Begin: _____ End: _____
Maximum of 5 days

Vehicle Currently Registered and Used for Regular Transportation

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	Vehicle Year	Make
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- (T) Other (Not Mandatory Display) (\$3 for 90 days) Explain: _____
- (X) Other (Mandatory Display) (Free for 90 days)

X _____
(Registration Owner's Signature) (Date)

UNDER 18 YEARS OLD	I certify that I have legal custody of the person named as Registration Owner and consent to the registration of the vehicle described in the applicant's name.		Date Signed	Signature (legal custodian, parent or guardian) X
NOTARY PUBLIC	County	Date my commission expires	Date subscribed and sworn to before me	Notary Signature X

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 by checking the box below:

Opt Out

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