



Help Cure Childhood Cancer License Plate Information and Application

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MV2990 1/2019 s. 341.14(6r) Wis. Stats.



When you purchase Help Cure Childhood Cancer license plates, your fee includes an annual \$25 tax-deductible donation. WisDOT will transfer this donation to Midwest Athletes Against Childhood Cancer (MAACC Fund). The donation may be deductible if you itemize your income tax returns.

Who is eligible?

- ▶ Any Wisconsin resident.

Vehicles that qualify

Help Cure Childhood Cancer license plates are available for:

- ▶ An automobile.
- ▶ A motor home (Annual registration only).
- ▶ A private truck, dual purpose motor home or dual purpose farm truck that has a gross weight of 8,000 pounds or less.
- ▶ A farm truck that has a gross weight of 12,000 pounds or less.

Fees needed

- ▶ A **\$25** annual tax-deductible donation is required for original issuance of the Help Cure Childhood Cancer license plates **and** each year at renewal.
- ▶ A **\$15** issuance fee or the **annual** \$15 personalized plate fee.
- ▶ The **annual registration fee**, if your current plates expire within 3 months.

Plates required in 2 days

- ▶ 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 Help Cure Childhood Cancer license plate order is processed. An agent may charge a plate fee and/or service fee.

Personalized plate information

- ▶ A \$15 personalized plate fee is required **each** year in addition to the \$25 donation and regular registration fee.
- ▶ WisDOT may refuse to issue or may recall after issuance a request that is misleading or may be offensive to good taste or decency.
- ▶ 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 unclear or incorrectly completed.
- ▶ Plates will be mailed 3–4 weeks after you receive the new Certificate of Registration. When you purchase Help Cure Childhood Cancer license plates, your fee includes an annual \$25 tax deductible donation. This donation WisDOT will transfer to Help Cure Childhood Cancer.

How to apply

1. To order non-personalized Help Cure Childhood Cancer plates, mark first option and go to step 6.
2. To order personalized Help Cure Childhood Cancer plates, mark second option and choose 1–6 characters. If you choose 6 characters, **no spaces are allowed**.

A	L	I	S	O	N
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If you choose 5 or fewer characters, you may request up to two spaces between any of the characters. Indicate this request with diagonal lines as shown here.

4	/	C	U	R	E
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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. For personalized plate message availability, please visit: wisconsindmv.gov/personalizedplatelookup.
5. Provide a meaning for your request, i.e. what does this represent?
6. If the vehicle that you wish to register with Help Cure Childhood Cancer plates is already titled in your name, send:
 - » A copy of your Certificate of Registration or complete the vehicle description on the application.
 - » A \$15 issuance or personalized plate fee plus the annual registration fee if the current plates expire within the next 3 months.
 - » \$25 Help Cure Childhood Cancer donation.
7. If the vehicle is **not** titled in your name, send:
 - » A completed title application: [MV1](#) (Private Sale) or [MV11](#) (Dealer Sale);
 - » The title assigned to you.
 - » All required fees, including annual registration fee;
 - » Additional \$15 issuance or personalized plate fee;
 - » \$25 Help Cure Childhood Cancer donation.
8. Make check or money order payable to: **Registration Fee Trust**.
9. Mail all required items to:

**WisDOT
Special Plates Unit
P.O. Box 7911
Madison, WI 53707-7911**

Help Cure Childhood Cancer License Plate Application

Wisconsin Department of Transportation

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Check options

- I would like **non-personalized** Help Cure Childhood Cancer plates.
- I would like **personalized** Help Cure Childhood Cancer plates.

If all personalized choices are not available:

- I would like non-personalized Help Cure Childhood Cancer plates.
- Call or Email me.



If you have questions about this application:

- » Call: (608) 266-3041
- » Fax: (608) 267-5106
- » Email: special-plates.dmv@dot.wi.gov

First Choice									Meaning
Second Choice									Meaning
Third Choice									Meaning

Vehicle you wish to register with the Help Cure Childhood Cancer plates.

Current License Plate Number <input type="text"/> <small>1 2 3 4 5 6 7 8</small>	Year - Make	Body Type	Vehicle Identification Number (standard VIN has 17 characters) <input type="text"/> <small>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17</small>
Driver License Number <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <small>1 2 3 4 5 6 7 8 9 10 11 12 13 14</small>	OR	FEIN (if company owned) <input type="text"/> - <input type="text"/> <small>1 2 3 4 5 6 7 8 9</small>	Telephone Number where you may be reached 7 a.m. to 4:30 p.m. <input type="text"/>
Owner(s)/Lessee Name - Last, First, Middle Initial - Print		Email Address	
Address		City	State ZIP Code

X _____ (Applicant Signature) _____ (Date)

Release of personalized plates

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- I authorize the reissuance of my personalized plate number to the applicant listed above.

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 or personalized plate fee from former owner is allowed.

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.

Invisible disability notice to law enforcement form: wisconsin.dmv.gov/inv-dis or at DMV Service Centers.