Division of Motor Vehicles Dealer and Agent Section 4822 Madison Yards Way P.O. Box 7909 Madison, WI 53707-7909 Tony Evers, Governor Craig Thompson, Secretary

Internet: wisconsindot.gov Telephone: 608-266-1425 Facsimile (FAX): 608-267-0323

E-mail: DealerLicensingUnit@dot.wi.gov

Ownership Change Addendum

The WI DOT Dealer and Agent Section has received notification you wish to change ownership within your partnership, corporation, business or, LLC. We require that you verify and sign the statement(s) below.

Section A – To be completed by existing majority legal own	ier.
I,, have examir	ned the original application, or a copy of, dated
for	and verify the information continues to be true and correct with
	My signature below affirms no other changes have sing requirements necessary to maintain daily business operations.
(Signature of the Controlling Legal Owner Name/Date)	
each previous owner.	an one, complete a separate Ownership Change Addendum for
I,, have examin	ned the original application, or a copy of, dated
(Previous Owner Name)	
for	and verify that I am no longer an owner nor do I hold any interest
(Legal Business Name)	and verify that I am no longer an owner nor do I hold any interest
in	<u>-</u> -
(Legal Business Name)	
(Signature of the Previous Interest Owner Name/Date)	
Subscribed and sworn to before me this day of _	, 20
(Sign by the Notary Public, State of Wisconsin)	
My Commission Expires:	