



THIRD PARTY REQUEST FOR TITLE OR REGISTRATION CORRECTION

Wisconsin Department of Transportation
MV1047 3/2020 S. 341.21 Wis. Stats.



Vehicle Identification Number (VIN) <i>(standard VIN has 17 characters)</i>																	License Plate Number								Title Number												
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17																	1 2 3 4 5 6 7 8								1 2 3 4 5 6 7 8 9 10 11 12 13												
Model Year					Make					Agent's Email Address REQUIRED																											
Terminal ID/ Dealer Number							Agent's Legal Business Name										(Area Code) Telephone Number						Contact Person														
1 2 3 4 5 6 7																																					

Describe in detail the change you are requesting

- And/Or Conjunction** (Send current title and all customer signatures)

- Owner** (Changes of ownership may require a completed MV1, MV11 or MV12, the original title and titling fees)

- Lien** (Send current title, lien release, loan filing fee, and provide lien holder name and address)

- Plates/Registration** (I certify that the plates were received and destroyed by the dealer)

- Other** (mileage, color, lessee, etc.) Please provide explanation.

NOTE: For Odometer corrections this form must be submitted along with the secured MV11 or MV2488 forms.

Please contact the Agent Partnership Unit with questions.

I agree to protect and indemnify the Wisconsin Department of Transportation in any claims arising out of the issuance of a changed title or registration on the above-described vehicle. I also certify with my signature that to the best of my knowledge the information and statements on this request for changes are true and correct.

X

(Signature)

(Date – m/d/yyyy)

Please send completed form to:
Wisconsin Department of Transportation
Agent Partnership Unit
PO Box 7909
Madison, WI 53707-7909