



**Division of Motor Vehicles**  
 Dealer and Agent Section  
 PO Box 7909  
 Madison, WI 53707-7909  
 MV2199 11/2025

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## OUT OF BUSINESS DEALER STATEMENT

**Dealer Name:** \_\_\_\_\_ **Dealer Number:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_ **County of:** \_\_\_\_\_

Your dealer license expires on \_\_\_\_\_. You have elected to voluntarily surrender your dealer license and wish to have the Department of Transportation records indicate the out of business date effective as of \_\_\_\_\_.

**A Contact information where records are being kept:**

**Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**B Dealer representative acknowledges the following four statements by initials:**

- \_\_\_\_\_ Upon request, you are required to provide all records to the Department of Transportation for five years following the effective out of business date.
- \_\_\_\_\_ Any change in the above contact information for dealer records must immediately be reported to the Department of Transportation.
- \_\_\_\_\_ You must surrender all associated licenses to the Department of Transportation.
- \_\_\_\_\_ You may not conduct business without a valid license.

**C The following items and licenses must be surrendered to the Department of Transportation:  
 (Indicate whether surrendered by entering "Y" – Yes / "N" – No / "NA" – Not Applicable)**

- \_\_\_\_\_ License Certificate
- \_\_\_\_\_ Salesperson's Licenses, salvage BID licenses, buyer's licenses
- \_\_\_\_\_ Dealer plates (number of plates surrendered) \_\_\_\_\_ of \_\_\_\_\_
- \_\_\_\_\_ Metal plates and stickers from plate and sticker inventory
- Auto Plates # \_\_\_\_\_ to # \_\_\_\_\_
- LTK Plates # \_\_\_\_\_ to # \_\_\_\_\_
- Motorcycle Plates # \_\_\_\_\_ to # \_\_\_\_\_

I certify the following items are lost or stolen and currently unavailable:  
 \_\_\_\_\_

**D Dealer representative acknowledges allowed method to liquidate remaining inventory (Please Initial)**

\_\_\_\_\_ Per Wis. Admin. Code Trans 138.09(4), the Department of Transportation authorizes you to liquidate your dealership's inventory by selling the vehicles WHOLESAL – NOT RETAIL. The wholesaling of your vehicles is authorized for 30 days from the signing of this letter. Any vehicles remaining in your dealership's stock, and not wholesaled within the next 30 days, must be transferred to your personal name.

(Dealer must attach list of vehicles still in inventory including year, make, and VIN).

**E Liens (Choose Appropriate)**

**Voluntary Blanket Lien Release**

\_\_\_\_\_  
(Initial) As owner/authorized representative of the out of business dealership, \_\_\_\_\_  
MV#\_\_\_\_\_, I affirm that, as of the date of the signing of this Out of Business Dealer Statement, no  
outstanding liens exist in favor of the dealership. If the Department of Transportation receives any consumer  
complaints requesting a lien be removed from a title or title record which lists the dealership as a lienholder, I  
authorize the Department of Transportation to release the lien without further authorization from me or any other  
dealership representative.

**OR**

**Existing Liens**

\_\_\_\_\_  
(Initial) As owner/authorized representative of the out of business dealership, \_\_\_\_\_  
MV#\_\_\_\_\_, I affirm that, as of the date of the signing of this Out of Business Dealer Statement, liens exist  
in favor of the dealership. I certify I provided written notice to all debtors which includes new contact telephone  
number and address to mail payments. If the Department of Transportation receives any consumer complaints  
requesting a lien be removed from a title or title record which lists the dealership as a lien holder, please call  
\_\_\_\_\_ to receive a lien release.

_____	X _____	_____
Print name of owner or authorized rep and title	Signature	Date
_____	X _____	_____
Print name of owner or authorized rep and title	Signature	Date

**G Additional Notes:**

*I understand the details outlined in this statement and understand that noncompliance will result in enforcement sanctions and/or fines as permitted by law. I understand that, under penalty of law per Wis. Stat. §218.0119(3), if lost or stolen plates are found, they must be returned to the Department of Transportation immediately.*

*I understand that, under penalty of law per Wis. Stat. §342.16(2), dealer records shall be maintained for 5 years and shall be open to inspection by a representative of the Department and any dealer who fails to comply with this section may be subject to a forfeiture up to \$200.*

- \* *Corporation - One person may sign. The document is to be executed by an officer of the corporation. I acknowledge no shares have been issued & I have authority to dissolve the business.*
- \* *Limited Liability Company (LLC) – One person may sign. The document is to be executed by a member (if management is vested in the member[s]), a manager (if management is vested in a manager or managers), or an attorney-in-fact. I acknowledge I have authority to dissolve the business.*
- \* *Partnership – In unequal partnerships, only majority owner(s) must sign. In equal partnerships, all owners must sign. I acknowledge I have authority to dissolve the business.*
- \* *Sole Proprietorship – Owner may dissolve business*

_____	X _____	_____
Print name of owner or authorized rep and title*	Signature	Date
_____	X _____	_____
Print name of owner or authorized rep and title*	Signature	Date

X _____	_____
Dealer Licensing Agent Signature & Number	Date