

Division of Motor Vehicles Dealer and Agent Section PO Box 7909 Madison, WI 53707-7909

MV2199 11/2025

Tony Evers, Governor Kristina Boardman, Secretary

www.wisconsindmv.gov Telephone: (608) 266-1425 Facsimile (FAX): (608) 266-9996 DealerInvestigationUnit@dot.wi.gov

OUT OF BUSINESS DEALER STATEMENT

Dealer Name:		Dea	aler Number:		
Street Address:					
City:	ZIP Code:	Cou	unty of:		
our dealer license expires o	on You have ele	cted to volunta	rily surrender your		d wish to have the
epartment of Transportation			s date effective as o	of	
A Contact information	where records are bei	ng kept:			
Name:		E-m	nail:		
Street Address:		City:	State:	ZIP:	County:
Home Phone:		Cell	Phone:		
B Dealer representativ	e acknowledges the fo	ollowing four st	atements by initia	s:	
	ou are required to prov t of business date.	vide all records	to the Department	of Transportation	n for five years following
Any change in the Transportation.	ne above contact inforr	mation for deal	er records must imi	nediately be repo	orted to the Department of
You must surrer	nder all associated licen	ses to the Depa	artment of Transpo	rtation.	
You may not cor	nduct business without	a valid license.			
	and licenses must be s whether surrendered				licable)
License Certifica	te				
Salesperson's Li	censes, salvage BID lice	nses, buyer's li	censes		
Dealer plates (n	umber of plates surren	dered) c	of		
Metal plates and	d stickers from plate ar	nd sticker inven	tory		
Auto Plates	#	to #			
LTK Plates		to #			
Motorcycle Plat	es #	to #			
I certify the follo	owing items are lost or	stolen and curr	ently unavailable:		
D Dealer representativ	ve acknowledges allow	ed method to l	iquidate remaining	inventory (Pleas	se Initial)

dealership's inventory by selling the vehicles WHOLESALE - 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

Per Wis. Admin. Code Trans 138.09(4), the Department of Transportation authorizes you to liquidate your

E Lie	ens (Choose Appropriate)					
	Voluntary Blanket Lien Release					
	As owner/authorized representative of	the out of husiness dealership				
	MV#, I affirm that, as of t	The state of the s				
(Initial)						
(,						
			ther authorization from me or any other			
	dealership representative.		•			
	OR					
	Existing Liens					
	As owner/authorized representative of	the out of business dealership,				
(Initial) MV#, I affirm that, as of the date of the signing of this Out of Business Dealer Stater						
	in favor of the dealership. I certify I pro	vided written notice to all debtors	which includes new contact telephone			
	number and address to mail payments.	If the Department of Transportation	on 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.			
		٧				
Drint name	e of owner or authorized rep and title	Signature	 Date			
riiiit iiaiiii	e of owner of authorized repaire title	Signature	Date			
		X				
Print name	e of owner or authorized rep and title	Signature	Date			
	ditional Notes:					
as peri return	rstand the details outlined in this statement and mitted by law. I understand that, <u>under penalty</u> ed to the Department of Transportation immed	of law per Wis. Stat. §218.0119(3), if l liately.	ost or stolen plates are found, they must be			
	rstand that, <u>under penalty of law per Wis. Stat.</u> tion by a representative of the Department a \$200.					
•	Corporation - One person may sign. The docume	ent is to be executed by an officer of the	cornoration Lacknowledge no shares have			
	been issued & I have authority to dissolve the bu		corporation. Tacknowledge no shares have			
	Limited Liability Company (LLC) – One person mo		by a member (if management is vested in			
	the member[s]), a manager (if management is v					
	authority to dissolve the business.					
	Partnership – In unequal partnerships, only ma		tnerships, all owners must sign. I			
	acknowledge I have authority to dissolve the but					
*	Sole Proprietorship – Owner may dissolve busine	PSS				
		X				
Print na	me of owner or authorized rep and title*	Signature	Date			
		V				
Drint no	me of owner or authorized rep and title*	Signatura	Data			
Fillit Hal	the of owner of authorized repland title.	Signature	Date			
V						

Date

Dealer Licensing Agent Signature & Number