



# SCHOOL BUS CHARTER APPLICATION

Wisconsin Department of Transportation  
MV2438 6/2026 s.341.26(7) Wis. Stats.

Use this form for a school bus registered with a school bus plate, which requires a charter bus gross weight registration. Please complete all information. See information and fee schedule on next page.

**NOTE:** Full name must be given. If more than one owner, list as the last owner, the name associated with the address given.

Owner Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Owner Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Owner Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Owner Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Owner Address, City, State, ZIP Code		(Area Code) Telephone Number	
Lessee Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Lessee Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Lessee Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Lessee Name (Last, First, Middle Initial)		FEIN/Driver License Number/Social Security Number	
Lessee Address, City, State, ZIP Code		(Area Code) Telephone Number	
Registration Period <input type="checkbox"/> Annual (July – June) <input type="checkbox"/> Quarterly <input type="checkbox"/> 1st (July – Sept.) <input type="checkbox"/> 3rd (Jan. – March) <input type="checkbox"/> 2nd (Oct. – Dec.) <input type="checkbox"/> 4th (April – June)		Carrier Class (check only one) <input type="checkbox"/> Private (No permit fee required) <input type="checkbox"/> Intrastate – For Hire Only (\$5.00 annual permit fee)	
		Authority Number	
		Present School Bus License Number	
		Fee Amount Submitted	
Vehicle Identification Number (VIN) (1955 or later)	Year	Make	Fleet Number
		Vehicle Type <input type="checkbox"/> SC <input type="checkbox"/> BS	

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \text{Divided} & & \text{X } 150 = & & + & \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \\
 \text{Total Inches of Seating} & \text{by } 20 = & \underline{\hspace{2cm}} & \text{Adult Capacity} & \text{(Lbs. per Passenger)} & \text{Adult Weight Capacity} & \text{Empty Bus Weight} & \text{GROSS WEIGHT} \\
 \text{(include driver seat)} & & & & & & & 
 \end{array}$$

**NOTE:** Gross weight charter bus registration fees are required for each quarter of operation or for the balance of months in the current quarter which have not fully expired on the application date. EXAMPLE: 2nd quarter (Oct., Nov. & Dec.) – application date = Nov. 1st – registration fees needed for 2 months of operation (Nov. & Dec.).

I (We) certify that the above information is true.

**X**  
\_\_\_\_\_  
(Signature) (Date – m/d/yyyy)

**X**  
\_\_\_\_\_  
(Signature) (Date – m/d/yyyy)

# SCHOOL BUS CHARTER APPLICATION (continued)

Wisconsin Department of Transportation MV2438

## FEE SCHEDULE

GROSS WEIGHT	ANNUAL	QUARTERLY
8,000	\$ 116.60	N/A
10,000	170.50	\$ 42.62
12,000	229.90	57.47
16,000	311.30	77.82
20,000	391.60	97.90
26,000	522.50	130.62
32,000	669.90	167.48
38,000	849.20	212.30
44,000	1,013.10	253.28
50,000	1,169.30	292.32

The QUARTERLY FEE is one-fourth the annual fee plus \$5.00 per application.

## INSURANCE

Proof of insurance **must** be filed with the Division of Motor Vehicles.

## GENERAL INSTRUCTIONS

Remittance: Make money order, check or bank draft payable to: **Registration Fee Trust**  
One remittance may be used to cover total fee due.  
If applicant resides outside Wisconsin, personal checks must be certified.

Mail to: Wisconsin Department of Transportation  
Vehicle Registration and Titling  
P.O. Box 7911  
Madison, WI 53707-7911

Questions: If you need assistance completing this form, please call (608) 266-1466.