**SCHOOL BUS CHARTER APPLICATION**

Wisconsin Department of Transportation

MV2438 1/2017 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  Annual (July – June)  Quarterly  1st (July – Sept.)  3rd (Jan. – March)  2nd (Oct. – Dec.)  4th (April – June) | | Carrier Class (check only one)  Private (No permit fee required)  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 | | | SC  BS |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Divided  by 20 = |  | x 150 = |  | + |  | = |  |
| Total Inches of Seating  (include driver seat) |  | Adult Capacity | (Lbs. per Passenger) | Adult Weight Capacity |  | Empty Bus Weight |  | GROSS WEIGHT |
| **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** |  |  | **X** |  |
| (Signature) | (Date – m/d/yyyy) |  | (Signature) | (Date – m/d/yyyy) |

**SCHOOL BUS CHARTER APPLICATION** *(continued)*

Wisconsin Department of Transportation MV2438

**FEE SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **GROSS WEIGHT** | **ANNUAL** | **QUARTERLY** | The QUARTERLY FEE is one-fourth the annual fee plus $5.00 per application. |
| 8,000 | $ 106.00 | N/A |
| 10,000 | 155.00 | $ 38.75 |
| 12,000 | 209.00 | 52.25 |
| 16,000 | 283.00 | 70.75 |
| 20,000 | 356.00 | 89.00 |
| 26,000 | 475.00 | 118.75 |
| 32,000 | 609.00 | 152.25 |
| 38,000 | 772.00 | 193.00 |
| 44,000 | 921.00 | 230.25 |
| 50,000 | 1,063.00 | 265.75 |

**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.