

APPLICATION TO PURCHASE AND/OR OPERATE A MOTOR VEHICLE

OFFENDER NAME		DOC NUMBER	
ADDRESS Street	CITY	STATE	ZIP CODE
		WI	
DRIVER LICENSE NUMBER		STATE	EXPIRATION DATE

HAS YOUR LICENSE EVER BEEN REVOKED/SUSPENDED
 No Yes – When and Where

LIST ANY MOVING TRAFFIC VIOLATIONS YOU HAVE BEEN CITED FOR WITHIN THE LAST 5 YEARS

ARE YOU CURRENTLY REQUIRED TO HAVE AN IGNITION INTERLOCK DEVICE (IID) ON YOUR VEHICLE DUE TO AN OWI RELATED CONVICTION?
 No Yes – If Yes, Complete Required Information Below

Length of IID Order	Date Order Expires	Account Number	Vendor Name	Vendor Address	Vendor Phone #
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DESCRIPTION OF THE MOTOR VEHICLE YOU INTEND TO PURCHASE AND/OR OPERATE

VEHICLE IDENTIFICATION NUMBER (VIN)	MAKE	MODEL		
STYLE	YEAR	COLOR		
LICENSE PLATE NUMBER	STATE	DATE EXPIRES		
OWNER'S FULL NAME (if Other Than Yours)	RELATIONSHIP TO YOU	HOME PHONE	CELL PHONE	WORK PHONE

REGARDING THE ABOVE-NAMED MOTOR VEHICLE, DO YOU WANT PERMISSION TO
 Purchase and Operate Operate Only Purchase Only

FINANCIAL INFORMATION - Complete Only If You Want To Purchase The Vehicle

AMOUNT OF DOWN PAYMENT REQUIRED	BALANCE DUE	MONTHLY PAYMENTS AMOUNT
\$	\$	\$
NAME OF FINANCE COMPANY OR BANK/CREDIT UNION		

VEHICLE INSURANCE INFORMATION

It is unlawful to operate a motor vehicle upon a highway in this state unless the owner or operator of the vehicle has in effect a motor vehicle liability policy with respect to the vehicle being operated. Any operator of a motor vehicle must have, in his or her immediate possession, proof of compliance and shall display the proof upon demand of any traffic officer.

FULL NAME OF POLICY HOLDER	TYPE OF INSURANCE	AMOUNT OF INSURANCE COVERAGE
	<input type="checkbox"/> Collision and Liability <input type="checkbox"/> Liability Only	\$
NAME OF INSURANCE COMPANY	INSURANCE AGENT NAME	
INSURANCE AGENT'S ADDRESS Street	CITY	STATE ZIP CODE
		WI
NAMES OF OTHER DRIVERS WHO WILL BE DRIVING THE MOTOR VEHICLE		

OFFENDER SIGNATURE	DATE SIGNED
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THIS SECTION TO BE COMPLETED BY DCC AGENT ONLY

DECISION <input type="checkbox"/> Permission Granted to <input type="checkbox"/> Purchase and Operate <input type="checkbox"/> Operate Only <input type="checkbox"/> Purchase Only <input type="checkbox"/> Permission Denied		
DATE OFFENDER NOTIFIED OF DECISION	AGENT SIGNATURE	DATE SIGNED