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					e) 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 Co	de)	Telephone	Nu	mber	
Registration Period Carrier Class (check only							Auth	ority Num	ber				
Annual (July – June) Private (No permit f					equired	l)							
Quarterly Intrastate – For Hire									ol Bu	Bus License Number			
1st (July – Sept.) 3rd (Jan. – March) (\$5.00 annual perm			ermit fee	:)									
2nd (Oct. – Dec.) 4th (April – June	∋)			Fee Aı			Amount Submitted						
Vehicle Identification Number (VIN) (1955 or later)	Year	Make		Fleet Nu	et Number Vehic			ype		SC		BS	
	1	1	-										
Divided by 20 =					+				_ [
Total Inches of Seating (include driver seat) Adult Capacity (Lbs. per Passenger) Adult Weight Capacity Empty Bus Weight Capacity						Veight	_	GROSS	WEI	GHT			
NOTE: Gross weight charter bus registration fees are requhave not fully expired on the application date. EXAMPLE: 2 months of operation (Nov. & Dec.).													
I (We) certify that the above information is true.													
x			X										
(Signature) (D	ate – m/d/	уууу)	(Signature)							(Date –	m/d/	уууу)	

SCHOOL BUS CHARTER APPLICATION (continued)

Wisconsin Department of Transportation MV2438

FEE SCHEDULE

GROSS WEIGHT	ANNUAL	QUARTERLY				
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				

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.