

RECREATIONAL 3-VEHICLE COMBINATION PERMIT APPLICATION

Wisconsin Department of Transportation
www.dot.wisconsin.gov/business/carriers/osowgeneral.htm
 MV2742 7/2005 s.348.27(7m) Wis. Stats.

Please Print or Type.

Applicant Name _____

Address _____

City _____ State _____ ZIP Code _____

Area Code - Telephone Number _____

E-Mail Address _____

Towing Vehicle Year, Make _____	Vehicle Type <input type="checkbox"/> Truck <input type="checkbox"/> Auto
Vehicle Identification Number _____	

Transfer - Give previous permit number _____

Permit Effective Date - Desired Start Date <input type="checkbox"/> When application received at Wisconsin Department of Transportation <input type="checkbox"/> List other date in future: _____ (Not to exceed 60 days in the future)	Number of Months Desired _____
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The permit is issued for a minimum of 3 months and a maximum of 12 months.

Fee Schedule	
# of Months	Amount
8 - 12	\$40.00
7	38.33
6	35.00
5	31.67
4	28.33
3	25.00

Make check payable to: **Registration Fee Trust**
 Mail to: Wisconsin Department of Transportation
 OS/OW Permit Unit
 PO Box 7980
 Madison, WI 53707-7980
 If questions, telephone 608-266-7320

I accept and will comply with the 3-vehicle combination permit conditions on form MV2743.

X _____
 (Applicant)

FOR DEPARTMENT USE ONLY - Permit/Renewal Numbers/Transfer From - To	