



BAD RIVER DEPARTMENT OF MOTOR VEHICLES

License Plate Application

Return to:

*Bad River Department of Motor Vehicles
P.O. Box 39
Odanah, WI 54861*

PHONE: 715-682-7111

FAX: 715-682-7118

adminrcpt@badriver-nsn.gov OR OpsAsst@badriver-nsn.gov

Section A – Vehicle Owner Information				
Owner Legal Last Name	First	Middle Initial	Birthdate	Social Security Number (Required)
Street Address (Mailing)	City	State	Zip Code	Daytime Phone # (Required)
Street Address (Physical)	City	State	Zip Code	Driver's License Number (Required)
Section B – Vehicle Information				
Vehicle Identification Number	Year	Make	Type(Car,Truck, Van, etc)	Color
Vehicle Kept In County of:	City	Village	Township	
Vehicle Owner Signature				
Owner Signature	Date			