

STATE OF WISCONSIN
Department of Financial Institutions

Courier Address:
North Tower
4822 Madison Yards Way
Madison, WI 53705



Mailing Address:
PO Box 7876
Madison, WI 53707-7876

www.wdfi.org

Telephone: (608) 261-7578
Fax: (608) 267-6889

TITLE LOAN
CERTIFICATE OF AUTHORIZATION
APPLICATION

Purpose: A completed Title Loan Certificate of Authorization Application must be submitted to the Department of Financial Institutions – Division of Banking (“division”) for the division to consider the issuance of a Certificate of Authorization to the applicant that would permit the applicant to originate title loans.

Pursuant to s. 138.16(1)(c), Stats., a title loan is a loan of \$25,000 or less to a borrower, who obtains or seeks to obtain the loan for personal, family, or household purposes, that is, or is to be, secured by an interest, other than a purchase money security interest, in the borrower’s motor vehicle, and that has an original term of not more than 6 months.

This application may only be used by lenders who have, or are applying for, a license under s. 138.09, Stats.

Public Information: This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government agencies.

TITLE LOAN OFFICE

Provide the requested information for the office that is applying for a Certificate of Authorization. If the applicant would like to apply for Certificates of Authorization for more than one office, attach a list that identifies the address, telephone number, and fax number of each office.

Form with fields for: Name of Applicant, including d/b/a (if any); Street Address; City; State; Zip; Telephone; Fax.

FEES

A \$5,000 fee must be submitted for each office that will originate title loans. The entire \$5,000 fee is payable regardless of when the certificate is issued by the division. The fee will not be prorated. Certificates shall expire on the last day of the calendar year. Make checks payable to the Department of Financial Institutions.

Calculate the fee due as follows:
a) # of offices originating title loans # _____
b) Multiply by \$5,000 X \$5,000
c) Total Fee Due \$ _____

CERTIFICATION

The information provided in this application is correct and true.

(Name) (Title) (Authorized Signature) (Date)

RETURN APPLICATION MATERIALS TO:

Department of Financial Institutions
Division of Banking

Mailing Address:
PO Box 7876
Madison, Wisconsin 53707-7876

Street Address:
North Tower
4822 Madison Yards Way
Madison, Wisconsin 53705

This form is required under Section 138.16 Wisconsin Statutes. Failure to complete this application completely and accurately may result in denial of the application and any other penalties as provided by law. Information requested may be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.