

BOND CLAIM

Wisconsin Department of Transportation
MV2542 11/2005
Pursuant to subch. II, Trans. 140 Wis. Admin. Code
Attach copies of all documents related to claim.

Dealer Name, Salesperson/Other Licensee Against Whose Bond you wish to make a claim

Claimant Name
Claimant's Daytime Area Code - Telephone
Area Code - Home Telephone

Address
Vehicle Involved in Claim - Year, Make, Model

City State ZIP Code
Vehicle Identification Number

1. Claim involves a vehicle you used or planned to use primarily for:
 Business or commercial purposes Personal, family or household use
Purchase Date

2. State license number if you are licensed under Ch. 218 Wis. Stats.

Check License Type

- Motor Vehicle Manufacturer, Factory Branch or Factory Representative
- Motor Vehicle Manufacturer, Distributor-Wholesaler, Distributor Representative
- Motor Vehicle Dealer or Salesperson
- Motor Vehicle Salvage Dealer, Motor Vehicle Auction Dealer, Recreational Vehicle Dealer or Salesperson
- Sales Finance Company
- Other -

3. Have you or are you now suing the bonded dealer, salesperson or licensee for the reasons stated in your claim description?
 No Yes - Provide the following:

Case Name Court Where Case Heard Case Number

Your Attorney's Name and Address

Do you have a judgment against the bonded dealer, salesperson or licensee?
 No Yes Judgment Amount \$

4. Describe facts on which your claim is based (include violations of ch. 218 Wis. Stats., if known). Use back side if needed.

5. DAMAGES CLAIMED	ITEM DESCRIPTION	ITEM AMOUNT
		\$

I certify that I personally verified all the information provided, both on this form and attached in support of this claim, and I confirm that it is true and correct. I understand that I make this statement subject to penalties provided in s.345.17 Wisconsin Statutes, for making a false statement to the Department of Transportation. If the claimant shown above is a corporation, I represent that I am an officer or director of the corporation and am duly authorized to make this claim.

CLAIM TOTAL \$

X
(Claimant) (Date)

CLAIM PRIORITY

CLAIMANT - PLEASE DO NOT WRITE BELOW THIS LINE

Prelim

Final

- Retail
- Commercial
- DOT
- Distributor/Dealer
- DOR
- Other
- Financial
- Motor Vehicle Buyer

Claim Allowed
 Claim Disallowed

PAYMENT \$

X
(DOT Hearing Examiner) (Date)