

STATE OF WISCONSIN  
Department of Financial Institutions

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



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

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

[dfi.wi.gov](http://dfi.wi.gov)

**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.

**Notice:** This form is required under Section 138.16, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

**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.

Name of Applicant, including d/b/a (if any):		
Street Address:		
City:	State:	Zip:
Telephone:	Fax:	

**FEEES**

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.

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(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:*  
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North Tower  
Madison, Wisconsin 53705