

This application requests a Salvage Certificate of Title which is an ownership document. The certificate may be used to transfer ownership of the vehicle while unrepaired, and will be surrendered when applying for a branded title after repairs have been completed. Vehicles issued salvage certificates may not be registered until they have been repaired and meet the equipment requirements of Idaho Code – Title 49, Chapter 9.

| | | | | | | |
|--|--|--|------|-----------------------|-----------|-------------------|
| Vehicle/Vessel Description | Vehicle or Hull Identification Number | | Year | Make | Body Type | Model |
| | Vehicle/Vessel declared salvage due to: <input type="checkbox"/> Damaged/Uneconomical to Repair <input type="checkbox"/> Unrecovered Theft | | | | | |
| Odometer Reading (in miles unless indicated otherwise) (no tenths) | | Odometer Status (Reading is actual unless indicated otherwise) <input type="checkbox"/> In Excess of mechanical limits <input type="checkbox"/> Not Actual <input type="checkbox"/> No Device | | Odometer Reading Date | | GVWR (for trucks) |

| | | | | | | |
|--|---|---------|------|---|--|--------------|
| Owner Retained or Applicant Information | Check here if you are the titled owner of this vehicle and are now declaring this vehicle to be salvage. <input type="checkbox"/> | | | | | |
| | Check here if you are an Idaho Dealer selling this vehicle as raw salvage. <input type="checkbox"/> | | | | | |
| | Owner #1- Full Legal Name or Business Name (Last, First, Middle) | | | <input type="checkbox"/> Or <input type="checkbox"/> And | Idaho Driver's License Number or SSN / EIN if Business | |
| | | | | <input type="checkbox"/> LSR <input type="checkbox"/> DBA | | |
| | Owner #2 - Full Legal Name or Business Name (Last, First, Middle) | | | <input type="checkbox"/> Or <input type="checkbox"/> And | Idaho Driver's License Number or SSN / EIN if Business | |
| | | | | <input type="checkbox"/> LSE <input type="checkbox"/> DBA | | |
| | Owner #3- Full Legal Name or Business Name (Last, First, Middle) | | | Idaho Driver's License Number or SSN / EIN if Business | | |
| | Physical Address of Owner's Current Legal Residence or Business | | | | | |
| Mailing Address if Different than Physical Address | | | City | | State | Zip + 4 |
| Lienholder Name | | Address | | City | | State Zip |
| Insurance Company Name | | | | | Date Total Loss or Salvage Declared | |

| | | | | | | | |
|-------------------------------|---|--|--|------|----------------|---|----------|
| Agency/Dealer Use Only | Agency/Dealer Name | | Authorized Representative's Name Printed | | Title | | |
| | Agency/Dealer Address | | | City | | State | Zip Code |
| | Phone No. () | | Fax Number () | | E-Mail Address | | |
| | <input type="checkbox"/> By checking this box, I certify that I am a licensed Idaho Dealer, or a financial institution registered in the state of Idaho, and I have physically inspected this vehicle/vessel described above and the VIN/HIN and date of the application are correct. | | | | | | |
| | I certify that all information on this application is correct and that I have witnessed the signature(s) of the person(s) signing this application. I also release all interest in this vehicle/vessel unless I am listed as lienholder or owner on this application for Salvage Certificate of Title. | | | | | | |
| | Authorized Signature X | | | Date | | Title documents will be submitted to the county office located in (City) | |

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|---|--|-----------------------------------|--|
| For Original Salvage Certificate Application | | | |
| By signing below, I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing statements are true and correct to the best of my knowledge and belief: the vehicle/vessel described above has been declared a total loss or salvage by the insurance company listed or by the owner of record; I hereby make application for a Salvage Certificate for said motor vehicle/vessel; and that the signature below is my true and legal signature. | | | |
| Applicant's Printed Name | | Applicant's Signature X | |
| | | Daytime Phone Number () | |
| | | Date | |

Take the completed form and the original title to any county vehicle licensing office, or mail them with the applicable fee to the following address.
Be Sure to Include the Proper Fee - Do Not Send Cash. Credit card purchases are subject to an ITD service fee.

Mailing Address

Idaho Transportation Department
Attn: Vehicle Services Section
Salvage Desk
PO Box 34
Boise, ID 83707

| | | | |
|--|--|---|--|
| Salvage Certificate Fee \$ 14 . 00 | | Credit Card - <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | |
| Sales /Use Tax *See Note Below . \$. | | Card Number | |
| Total Collected \$. | | | |
| | | Expires | |
| | | Security Code | |

***Note:** Sales/Use Tax is required on the salvage value of the vehicle if the title or other documents indicate the insurance company acquired the vehicle and sold it back to the titled owner. Sales/Use tax is due if being sold by a dealership or being transferred between private parties. If you have questions, please contact the ITD Salvage Unit at: (208) 334-8663, Monday - Friday, 8:00 a.m. - 4:00 p.m. Mountain Time.

Thank You