

City

Salvage Vehicle Statement

Idaho Transportation Department – Vehicle Services

ITD 3311 (Rev. 12-14) Supply # 01-956035-5 itd.idaho.gov

Use this form when applying for a Rebuilt Salvage Vehicle title for any salvaged vehicle regardless of age, value, or type. Attach this completed form to the Salvage Certificate or other salvage documents. Include all supporting documents required to issue the title.

equired to issue the ti	tle.					
Vehicle Identification Number (VIN)		Year	Make	Model	Model	
Owner Full Legal Name (Last, First Middle) or Business Name			Owner's Driver License Number or SSN or EIN if Bu		EIN if Business	
Current Physical Address of Owner		City		State	Zip	
Salvage Declaration Date		fied as Salvage (if known)		Air Bags De	Air Bags Deployed	
				☐ Yes	☐ No	
<u>replaced</u> flood and fembers	s, or <u>repaired</u> hood and fenders)					
 The vehicle is in ope To the best of my kn falsified, altered, or of To the best of my kn been forged, falsified All information conta The vehicle describe I personally rebuilt of checked. It was unnecessary Code (no repairs weep the content of the content o	owledge, the salvage certificate do d, or altered; ined on the application and its attac ed above is free from all liens and e r repaired the vehicle, or supervised to repair the vehicle in order for it to	the equipment is of the rebuilt we cument or out-chements is true incumbrances and its rebuilding to comply with	requirements of T vehicle and its par of-state salvage do and correct; except as set forth or repair, unless of the equipment req	itle 49, Chapter 9, Ida ts have not been rem ocument attached to to on my application for one of the following bo	oved, destroyed, the application has not r title; and oxes has been	
described vehicle. I do heldaho Transportation Delincluding costs, expense vehicle in question.	ed to and made a part of my applica ereby agree to warrant and defend partment from the expenses of and s and attorney fees to which the de	said Title and tagainst all suit	to save harmless a ts, actions, claims,	and defend regardless, losses, or assertion ccount of any defect i	s of outcome, the of claims	
Signature X				Date		
Printed Name				Daytime Phone Num	ber	
Address				Ι /		

State

Zip Code