



# Application For Vehicle Or Vessel Manufacturer/Distributor License Idaho Transportation Department

## Instructions

This packet contains the forms required to license as a vehicle or vessel manufacturer/distributor in Idaho. Idaho requires that manufacturers/distributors who are annually building five (5) or more trailers over 2,000 pounds or distributing vehicles/vessels that require a title, to obtain a manufacturer/distributor license. If these products are being sold retail to the public the manufacturer/distributor is also required to obtain a dealer license (ITD 3170). The manufacturer/distributor license does not require that the business provide the state with a bond.

The state requires the manufacturers of vehicles/trailers to submit a proper Vehicle Identification Number (VIN) configuration. The VIN is a seventeen (17) character number that contains an identifier for the business. If motorcycles are used on road they must also be FMVSS/EPA approved to be used on Idaho roads. Manufacturers/distributors of vessels are required to submit a proper Hull Identification Number (HIN) configuration. The HIN is a twelve (12) character serial number that uniquely identifies the vessel.

The state also requires that the manufacturer submit for approval a sample Manufacturers Certificate of Origin (MCO) (Also know as MSO, or Manufacturers Statement of Origin) on approved safety paper. The Dealer Operations Program Supervisor of the Idaho Transportation Department will determine if the MCO or MSO meets the minimum standards required. Motorcycle MCO or MSO must indicate if they qualify for on road or off road use. For more detailed information regarding the VIN/HIN configurations or Idaho's standards for the MCO, please contact Dealer Services at (208) 334-8681.

If the applicant's business is in the name of a Corporation, Limited Liability Corporation (LLC), or Limited Liability Partnership (LLP), a copy of the Status from the Secretary of State's Office must be submitted. If the applicant is an individual company or corporation doing business under any other name, an assumed or fictitious name filing must be applied for and recorded with the Secretary of State's Office. Submit verification of the filing with this application.

A certificate of liability insurance is required for insurance in the amount of not less than \$25,000 bodily injury or death for one person or \$50,000 for two people and \$15,000 for injury or destruction of property. (Effective July 01, 2006)

**WARNING:** It is recommended that you call Dealer Services at (208) 334-8681 to make sure a Doing Business As (DBA) name is not deceptively similar to another business name before submitting the application to the Idaho Transportation Department.

Submit the completed application, required attachments, and fees to:

Vehicle Services - Dealer Licensing  
Idaho Transportation Department  
PO Box 34  
Boise ID 83731-0034

**Upon receipt of the required information and fees, the Dealer Licensing Unit will assign a Motor Vehicle Investigator to inspect the principal place of business for compliance with the Dealer/Salesman Licensing Act and ITD Rules.**

Applicants are cautioned to allow at least **30 days for license processing**. Failure to complete all the necessary forms and supply the required information may delay this process.

### **Licensing Fees**

Initial Application New Manufacturer.....	\$190.00
Distributor .....	\$175.00
Manufacturer License Plates (Each).....	\$ 20.74
Change of Location.....	\$ 44.00
Duplicate Documents (Each) .....	\$ 18.00
Factory Representatives (Each) .....	\$ 44.00

### **Fee Calculation**

Manufacturer License Fee	\$ _____
Distributor .....	\$ _____
No. of Factory Reps _____ x \$44	\$ _____
No. and Type of Manufacturer Plates Requested	
_____ Regular Plates	
_____ Motorcycle Plates	
_____ Restricted Use Plates	
_____ Total x \$20.74 .....	\$ _____
<b>Total Amount Due .....</b>	<b>\$ _____</b>

### **Idaho Checklist**

- Fees enclosed (make check payable to Idaho Transportation Department)
- Application completed in full with all signatures of the owners/officers/directors **notarized**
- Proof of Corporate, LLC, or LLP Status from the Secretary of State's Office and a list of officers
- Proof of fictitious or assumed name recording (including all owners' names) from the Secretary of State's Office
- VIN/HIN configuration
- MCO/MSO complying sample
- Personal History form (ITD 3181) for each owner/officer/director/partner/factory representative
- Liability Insurance Certificate



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ITD 3172 (Rev. 04-16)  
itd.idaho.gov

Application Date	No. of Regular Plates Requested	No. of Motorcycle Plates Requested	No. of Restricted Use Plates Requested
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**Type of Application (Check One) (A Separate Application Must be Completed for Each Type)**

<input type="checkbox"/> New Application	Change of	<input type="checkbox"/> Location	<input type="checkbox"/> Ownership/Officers/Members	<input type="checkbox"/> Business Name
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**Type of Vehicle/Vessel Manufactured/Distributed (Check All That Apply)**

<input type="checkbox"/> Automobile	<input type="checkbox"/> ATV	<input type="checkbox"/> Recreational Vehicle	<input type="checkbox"/> Vessel	<input type="checkbox"/> Snowmobile
<input type="checkbox"/> Truck	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Trailer over 2,000 lb.	<input type="checkbox"/> Personal Water Craft	<input type="checkbox"/> UTV

**Manufacturer/Distributor Information (Check One) (Complete All Information Requested Below and See Instructions on Page 1)**

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Limited Liability Corporation (LLC)
Owner's Name(s) or Corporation/LLP/LLC Name				
<i>Idaho Code 53-504 requires any business doing business as (DBA) a name other than the legal owner's name to file a Certificate of Assumed Business Name with the Secretary of State's Office. Idaho Code 53-504 exempts a corporation from this requirement, unless the corporation is using an assumed business name.</i>				
Manufacturer or Trade Name (DBA)				
Business Phone Number	Fax Number	Cell Phone Number		
Street Address	City	State,	Zip	
Mailing Address	City	State,	Zip	
Directions to Manufacturer (If Other Than a Street Address)				
Name of Person or Persons Having Legal Custody of Real Property				

List the name and title of each individual owner, partner, officer, or stockholder of the business. A Personal History (ITD 3181) is required for each individual listed below (attach a separate sheet, if necessary).

Name	Title	Name	Title
Name	Title	Name	Title
Name	Title	Name	Title



**Idaho Code 49-1610 requires appointment of the Director of the Idaho Transportation Department as a legal agent for the manufacturer/distributor.**

Complete appropriate section below. **All signatures must be notarized.**

**Section I Individual** Includes both husband and wife.

I certify under Penalty of Perjury that I am the sole owner of (Name of Business) _____ and that all answers and information contained in this application are true and correct.	
I hereby appoint the Director of the Idaho Transportation Department as my true and lawful agent for the purpose of the service of process(es) in any action(s) that may hereafter be commenced against me and/or my manufacturing business for alleged violations of <i>Chapter 16 Title 49 Idaho Code</i> . This agency shall continue during the period covered by any license that may be issued to me and so long thereafter as I may be made to answer for any violations of the aforementioned <i>Idaho Code</i> .	
Signature _____	Signature _____

**Section II (Check One)**  Partnership  Limited Liability Partnership

We certify under Penalty of Perjury that we are co-partners in (Name of Business) _____ and that no other person is associated in the ownership of the business, and that all answers and information contained in this application are true and correct.		
We hereby appoint the Director of the Idaho Transportation Department as our true and lawful agent for the purpose of the service of process(es) in any action(s) that may hereafter be commenced against us and/or our manufacturing business for alleged violations of <i>Chapter 16 Title 49 Idaho Code</i> . This agency shall continue during the period covered by any license that may be issued to us and so long thereafter as we may be made to answer for any violations of the aforementioned <i>Idaho Code</i> .		
Signature _____	Signature _____	Signature _____
Signature _____	Signature _____	Signature _____

**Section III (Check One)**  Corporation  Limited Liability Corporation

All owners, partners, or a majority of corporate officers must sign.

I/We certify under Penalty of Perjury that (Name of Business) _____ is incorporated in the state of Idaho and is authorized to transact business in Idaho, and that all answers and information contained in this application are true and correct.		
I/We, as Officer(s) of the Corporation, hereby appoint the Director of the Idaho Transportation Department as my/our true and lawful agent for the purpose of the service of process(es) in any action(s) that may hereafter be commenced against my/our manufacturing business for alleged violations of <i>Chapter 16 Title 49 Idaho Code</i> . This agency shall continue during the period covered by any license that may be issued to the corporation and so long thereafter as I/we may be made to answer for any violations of the aforementioned <i>Idaho Code</i> .		
Officer's Signature _____	Officer's Signature _____	Officer's Signature _____
Officer's Signature _____	Officer's Signature _____	Officer's Signature _____

STATE OF IDAHO )		
	) ss:	
COUNTY OF _____ )		
On this _____ day of _____, _____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____, known to me or proved to me to be the person(s) who executed the instrument and acknowledged to me that he/she/they executed the same. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year the certificate was first above written.		
(SEAL)	_____ NOTARY PUBLIC for the State of Idaho	Residing at _____
		My commission expires _____, _____