



Application For Out-of-State Distributor License

Idaho Transportation Department

ITD 3188 (Rev. 10-11)

itd.idaho.gov

Mail completed application to: Idaho Transportation Department
 PO Box 34
 Boise ID 83731-0034

Out-of-State Distributor Information			
Company Name		DBA (If different from Company Name)	
Location Address		City	State
Mailing Address (if different from above)		City	State
Owner/Officer's Printed Name		Contact Person's Printed Name	
Area Code/Phone Number (Include extension)	Area Code/Fax Number	E-Mail Address	

Product Information
Distributed Product Name(s)
Type of Vehicle(s)

Distributor Representative(s) Application - If more than 4 applicants, submit additional applications		
Applicant's Printed Name	Social Security Number	Date of Birth
Territory	Signature X	
Applicant's Printed Name	Social Security Number	Date of Birth
Territory	Signature X	
Applicant's Printed Name	Social Security Number	Date of Birth
Territory	Signature X	
Applicant's Printed Name	Social Security Number	Date of Birth
Territory	Signature X	

Fees
 Distributor License \$175.00 Distributor Representative License (Each) \$44.00

Fees Submitted		
Distributor License - \$175.00 \$ _____		
Distributor Representative License(s) _____ @ \$44.00 each = \$ _____ <small>(no. of licenses)</small>		
Total Enclosed \$ _____		
Distributor Authorized Representative's Printed Name	Distributor Authorized Representative's Signature X	Date