

## Application for Out-of-State Distributor License Idaho Transportation Department

ITD 3188 (Rev. 1/24) dmv.idaho.gov

Mail completed application to: Idaho Transportation Department

PO Box 34

Boise ID 83707-0034

Out-of-State Distributor Information									
Company Name		DBA (If different from Company Nar	DBA (If different from Company Name)						
Location Address		City	State	Zip					
Mailing Address (if different from above)		City	State	Zip					
Mailing Address (if different from above)		City	State	Σιρ					
Owner/Officer's Printed Name		Contact Person's Printed Name		Dealer License #					
Area Code/Phone Number (Include extension)	Area Code/Fax Number	Email Address	Email Address						
Product Information – If more space r	needed submit additi	onal list							
Product Information – If more space needed, submit additional list  Distributed Product Name(s)									
, ,									
Type of Vehicle(s)									
Charle List of Dogwoods to Cubarit									
Check List of Documents to Submit									
☐ The completed application form ITD 3188									
☐ The completed application of the transfer of the complete application of the compl									
☐ The fee of \$190.00 for a new license									
The fee of \$44.00/each for representative licenses									
The lee of \$44.00/cach for representative ilections									
A copy of the distributor/business license from the state where the business is located									
For distributors: letter of authorization from each manufacturer allowing to distribute the product in Idaho, if applicable									
1 of distributors, letter of authorization from each manufacturer allowing to distribute the product in idano, if applicable									
An original, complete Manufacturer's Statement or Certificate of Origin (MSO / MCO) for each distributed product (may									
be voided or marked as "sample")									
······································									
A list of each of the franchised o	r authorized dealers i	in the state of Idaho							
Fees Submitted *All credit card transactions are subject to a 3% Access Idaho service fee.									
New Distributor License - \$190.00		\$							
Distributor Representative License(s) @ \$44.00 each = \$									
· · · · · · · · · · · · · · · · · · ·	no. of licenses)								
Distributor Authorized Representative's Printed Na		Il Enclosed \$ tor Authorized Representative's Signature	<u>—</u> In	ate					
X		o, , tationzou i toprosoniativo s oigilature		u.u					





## **Personal History and Application** for Idaho Factory Representative

## Idaho Transportation Department Dealer Operations PO Box 34; Boise, ID 83707-0034

Enclose a \$44.00 application fee with a completed application for each factory representative \*

Check appropriate box(es):  Original Application Owner/Officer (no charge)		enewal		Duplicate (Lo	st Card - \$18)			
11.1 C.1 (0.1/02/1) Th. D.		4. S						
Idaho Code 49-1602(1): The Department may refuse to issue a license to an applicant who has ever been convicted in a court of record in this state of a violation of a law, provision, or rule and regulation promulgated for this act.								
(a) Have you ever had a Vehicle Dealer, Salesperson, or Manufacturer License revoked, suspended, or subjected to other disciplinary actions or were you ever a partner, officer, director, or stockholder in a firm whose license was revoked in Idaho or any other state.								
If yes, please explain the circumstances on the back of this form.								
				ı				
Driver's License Number	Driver's License State	Social Security No	umber	Date of Birth				
Name as it Appears on Your Driver's License (Last, First, Middle) Please Print or Type				Daytime Phone Number				
		T			T =-			
Residence Address (Number and Street	: - No PO Box)	City		State	Zip			
THE UNDERSIGNED hereby applies for a manufacturer's factory representative license in accordance with the provisions of the Idaho manufacturer's license act.								
I affirm under penalty of license forfeiture that the answers and information contained herein are true and correct to the best of my knowledge and belief. This form must be completed in full or it will be returned.								
Applicant's Signature								
Manufacturer Name			Primary Manufacturer License Number					
Manufacturer Location								
						_		
Sponsoring Manufacturer Certification for Factory Representatives:								
I hereby certify that a background check has found the applicant suitable for a factory representative position, and that he/she is an employee over 18 years of age. I understand that this application is invalid until submitted to ITD and fees are paid.								
Printed Name of Authorized Manufacture	Signature of Authorized Manufacturer Representative Date							
·		x						

<sup>\*</sup> All credit card transactions are subject to a service fee.