



**Personal History and Application  
for Idaho Factory Representative**  
Idaho Transportation Department  
Dealer Operations  
PO Box 34; Boise, ID 83707-0034

ITD 3181 (Rev. 5/24)  
DMV.Idaho.Gov

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

Check appropriate box(es):

- ☐ Original Application      ☐ Renewal      ☐ Duplicate (Lost Card - \$18)  
☐ Owner/Officer (no charge)

**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to other disciplinary actions or were you ever a partner, officer, director, or stockholder in a firm whose license was revoked in Idaho or any other state. Yes      No

If yes, please explain the circumstances on the back of this form.

Driver's License Number	Driver's License State	Social Security Number	Date of Birth	
Name as it Appears on Your Driver's License (Last, First, Middle) <b>Please Print or Type</b>			Daytime Phone Number	
Residence Address (Number and Street - <b>No PO Box</b> )		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. <b><u>This form must be completed in full or it will be returned.</u></b>				
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 Manufacturer Representative	Signature of Authorized Manufacturer Representative	Date
	X	

\* All credit card transactions are subject to a service fee.