



# Salvage Transmittal For Insurance Company/Salvage Pool

Idaho Transportation Department

ITD 3206 (Rev. 11-14)  
dmv.idaho.gov

Insurance Company/Salvage Pool Name	Salvage Address	Date Faxed	Date Mailed
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**Standard Fee = \$14.00 • Submit a separate check for each transmittal page**

	Owner Name (last, first)	Make	Year	Vehicle/Hull Identification Number	Fees
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Number of Items \_\_\_\_\_ Total \_\_\_\_\_

**~ Do Not Send Cash ~ Credit card purchases are subject to an ITD service fee.**

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Credit Card Number	Expires	Security Code <small>(from back of card)</small>	<b>OR</b>	Check Number
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**Send original and one copy to:** (Keep a copy for your records.) Enclose a self-addressed stamped envelope so we can return your copy and a receipt to your company. Otherwise you will not receive a receipt.

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

**OR**

Email to:  
[itdsalvagedesk@itd.idaho.gov](mailto:itdsalvagedesk@itd.idaho.gov)

**Department  
Use Only**

Date Processed	Processed By	Number of Certificates
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