

## Salvage Transmittal For Insurance Company/Salvage Pool Idaho Transportation Department

ITD 3206 (Rev. 1/24) dmv.idaho.gov

Insurance Company/Salvage Pool Name Salvage Address							Date M	ailed
	draine company/carrage reservame	Carvage / taur					Date W	unou
Standard Fee = \$14.00 • Submit a separate check for each transmittal page								
	Owner Name (last, first)		Make	Year	Ve	ehicle/Hull Identification N	umber	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 Number Expires							]	Check Number
							<u>OR</u>	
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.								
Idaho Transportation Department Mail to: PO Box 34 Boise ID 83707-0034  Email to: itdsalvagedesk@itd.idaho.gov								
<u>[</u>	Department Use Only Date Processed Processed	essed By				Number of Certificate	es	