Idaho Transportation Department
Affidavit of Non-Use of Registered Motor Vehicle

If your vehicle is currently registered in Idaho and is not being operated, you must either maintain insurance or notify the Idaho Transportation Department (ITD) by submitting this form prior to suspension of your registration. Please use this form for vehicles that are stored during certain months or are inoperable and awaiting repairs. Once you have submitted this form and it has been verified by ITD, the registration record for this vehicle will be updated. At that time, the vehicle cannot legally be operated on Idaho roads until verification of valid insurance is received and approved by ITD.

FULL LEGAL NAME: _____________________________________________________

VIN: _____________________________________________ LICENSE PLATE #_______________________

Period of non-use. (Please include day, month and year. Cannot exceed 12 months.)

From: __________________________

To: __________________________
(CANNOT EXTEND PAST CURRENT REGISTRATION EXPIRATION DATE)

NOTE: If you are not operating this vehicle, this affidavit must be completed annually. It is your responsibility to obtain proof of valid liability insurance or other documentation to ensure the existence of insurance or proof of financial responsibility, for this vehicle prior to the end of the non-use period or your registration will be subject to suspension after the ending date provided or complete a new Non-Use Affidavit ITD Form - 3119.

Please be aware at the expiration of this affidavit your registration will be automatically checked against the online insurance database on a monthly basis, and subject to suspension if found to be non-compliant for three consecutive months.

☐ By signing this form, I hereby certify this vehicle is currently not in use on Idaho roads. I understand that operating a motor vehicle on Idaho roads without financial responsibility (proof of liability insurance) meeting Idaho minimum requirements is against the law.

Signature: __________________________ Date: __________________________

Email: driveinsured@itd.idaho.gov

Fax: 208-334-8542

Mailing Address: ATTN: DRIVE INSURED PO Box 7129 Boise, ID 83707