



Referral To Motor Vehicle Investigator

Idaho Transportation Department
PO Box 1129 Boise ID 83707-1129

ITD 3704 (Rev. 6/24)
dmv.idaho.gov

All requests should be emailed in PDF form to DealerComplaints@itd.idaho.gov.
Please allow for up to 10 days to process your request.

Date	Customer Name	Daytime Phone Number	Cell Phone Number
E-Mail Address	Physical Address	Mailing Address (if different)	
City	State	Zip	
Vehicle Identification Number (VIN)	Vehicle Year	Make	Model
Type of Investigation	If Type is Other, please describe		

Explain in Detail Assistance Needed. (Include all backup documentation)

List Documents Attached	
Steps Already Completed	
Submitted By	Referred By