



Application for Title for a High Value Vehicle Idaho Transportation Department

Section 1	: Purchaser- O	wner										
Owner #1 Full Legal Name (First, Middle, Last) or Business Name Ida						daho Driver's License # or SSN / EIN if Business				Date of Birth		☐ And ☐ DBA
Owner #2 Full Legal Name (First, Middle, Last) or Business Name Idaho Drive						's License # c	Date of Birth		□ Or □ LSE	☐ And ☐ DBA		
Owner #3 Full Legal Name (First, Middle, Last) or Business Name Idaho Driver						's License # c	or SSN / EII	N if Business	Date of E	Birth	□ Or □ LSE	☐ And ☐ DBA
Owner's Legal Physical Address								City		State	Zip+4	
Mailing Addre			City		State	Zip+4						
	2: Vehicle Desc	-									•	-
1st Vehicle or	r Hull Identification Nu	mber (VIN or	HIN)			2nd Vehicle	or Hull Iden	tification Num	iber (VIN o	or HIN)		
Year	Make Body Type		M		del	Description	Description			Fuel Type	Wheel	Base
Weight	ht Length		Width		Hull Materia	ıl	Horse			Propulsion		
Odometer Re	eading (no tenths)	eter Status ctual	In Excess	Not Act	tual No	Device	Exempt					
	3: Lienholder											
Lienhoder of Record Mailing Addr					dress City			/		State	Zip+4	
Section 4	: Supporting D	ocument	:s							•		
	g Documents py of completed	l Authoriza	ation to To	w a	High Valu։	e (not req	uired for	Posted P	roperty	Tows)		
☐ Copy of the Notice of Storage that was sent to all interested parties												
☐ Proof that Notice of Storage was sent by certified mail to all interested parties												
☐ Copy of the Notice of Sale that was served to all interested parties												
☐ Proof that Notice of Sale was served to all interested parties												
☐ Proof of the two required postings in the newspaper												
Section 5	5: Certification											
TheAllThe	ned does hereby dep e above described vel supporting document e sale of this vehicle v rights and interest in	hicle was tow s identified at was conducted	red under the poore were cond d by a govern	provis nplete menta	sions of Title 4 e and account al agency; and	ed for prior to	the sale b		ed; and			
Law Enforcement Agency						Representative's Name (Printed)						
Representative Signature						Date				Phone Number		