



Dealer Notice of Rescinded Sale

Dealerships must submit this form, with supporting documentation, to the Idaho Transportation Department for each rescinded sale.

Please email this form to dmvtitles@itd.idaho.gov. If email is not available, please take it into your local county DMV office.

Section 1: Dealer Information - Required

Dealer No.	Dealer Name
Date of Sale	Date Sale was Rescinded

Section 2: Vehicle Information - Required

Make	Model	Year
VIN		

Section 3: Owner Information - Required

Owner 1

I certify under penalty of perjury, pursuant to the law of the State of Idaho, that the preceding information is true and correct, and that the signature below is my true and legal signature.

Dealer Representative Name (Printed)	
Dealer Representative Signature	Date

Please retain a copy of this form for your dealership records.