



Relief Agency or Shelter Certification

ITD 3530 (Rev. 7/25)

dmv.idaho.gov

This certification is used to support a claim that you are an Idaho resident. You must be a resident of Idaho to be eligible for an Idaho driver's license or identification card (IC 49-306(5), 49-119(12), and 49-2444(1)). The definition of "resident" is found in IC 49-119(12).

This certification will be accepted as one form of evidence for your principal residence address and may be used to apply for one free, four-year identification card and subsequently, if needed, one free replacement identification card.

Customer Information			
Name			
Residential Address	City	State ID	Zip
Mailing Address (if different from above)	City	State	Zip
DL/ID Number		Social Security Number	

Idaho Relief Agency or Shelter Information			
Organization Name			
Organization Address	City	State ID	Zip
Contact Person Name	Telephone Number		
Tax ID Number	Tax-ID Exempt <input type="checkbox"/>		

I certify that the above-named individual is a resident of Idaho receiving social services from the organization named on this certification. **If representative is not accompanying applicant, form must be notarized.**

Agency Representative's Signature_____
Date

SUBSCRIBED AND SWORN to before this _____ day of _____.

Month and Year

Notary Public for Idaho

Residing at _____

Commission expires: _____

DISCLOSURE STATEMENT: The Privacy Act as passed by the United States Congress authorizes the use of your Social Security number for the purpose of verifying your identity. This number must be provided and will be used in the administration of driver license laws as required by IC 49-306(5)(a).

I hereby certify under penalty of perjury that all statements in this application are true and correct. I agree and understand that any misstatements of material facts may cause cancellation and/or denial of my driver license or identification card under IC 49-322(1) and 49-2444(17) respectively. I further understand that any misstatement of facts may be a misdemeanor under IC 49-331.

Applicant's Signature_____
Date