ITD 3311 (Rev. 6-09) Supply # 01-956035-5 itd.idaho.gov

## **Salvage Vehicle Statement**

Idaho Transportation Department – Vehicle Services



Use this form when applying for a Rebuilt Salvage Vehicle title for any salvaged vehicle regardless of age, value, or type. Attach this completed form to the Salvage Certificate or other salvage documents. Include all supporting documents required to issue the title.

required to issue the th	ue.						
Vehicle Identification Number	(VIN)		Year	Make		Model	
Owner Full Legal Name (Last, First Middle) or Business Name				Owner's Driver License Number or SSN or EIN if Business			
Current Physical Address of Owner		City				State	Zip
Salvage Declaration Date	Event Causing Vehicle to be Certified as	Salva	ge (if known)	1		Air Bags D	enloved
Event Gaussing version to be defined as e			ge (ii kilowii)			☐ Yes	□ No
Work done to restore the vehicle to the operating condition that existed prior to the event causing v					sina vehicle t		
	g						-
Under penalty of law. (Sec	ctions 49-518 and 49-525, Idaho Co	de). I	hereby ce	rtify the follo	wina:		
• •	rating condition and complies with the	•	•	-	_	Chapter 9. Id	laho Code:
•	owledge, the identification numbers			-		•	
	owledge, the salvage certificate doc	umer	nt or out-of	-state salvaç	ge documen	t attached to	the application has no
All information conta	ined on the application and its attacl	hmen	its is true a	ind correct;			
The vehicle describe	ed above is free from all liens and en	cumb	orances ex	cept as set f	orth on my	application fo	or title; and
<ul> <li>I personally rebuilt or checked.</li> </ul>	r repaired the vehicle, or supervised	its re	ebuilding o	repair, unle	ss one of th	e following b	ooxes has been
	to repair the vehicle in order for it to ere made); or	o com	nply with th	e equipment	t requiremer	nts of Title 49	9, Chapter 9, Idaho
☐ Another party rebui	It or repaired this vehicle. Specify n	ame	and addre	ss:			
described vehicle. I do he Idaho Transportation Depincluding costs, expense vehicle in question.	ed to and made a part of my applicat ereby agree to warrant and defend s partment from the expenses of and a s and attorney fees to which the dep	said T again	itle and to	save harmle actions, cla	ess and defe ims, losses,	end regardles or assertion	ss of outcome, the of claims
Signature							
X Printed Name					David	ime Phone Nu	mher
I IIIICO IVAIIIC					l Day	)	mbol .
Address					\	,	
City				State	Zip (	Code	