



IDAHO DEPARTMENT OF
HEALTH & WELFARE



**IDAHO EMS ACCOUNT III DEDICATED GRANTS PROGRAM
VEHICLE TITLE REQUIREMENTS**

GUIDELINES

In accordance with Idaho Statute, Title 56, Chapter 10 and with the grant contract your agency has with the Department of Health and Welfare, there are specific requirements your agency must follow when obtaining a title for the granted vehicle. Your agency is expected to follow the guidelines below when applying for the title.

1. The vehicle must be titled within 30 days of receipt of the vehicle.
2. The "Owner" is the title holder you listed on your grant application.
 - a. Owner #1 box must be a city or county name.
 - b. "Mailing Address if Different from Physical Address" Box should be filled in with the address of the city or county named as Owner #1.
3. The "First Lienholder" must be "Department of Health and Welfare, Bureau of EMS & Preparedness, PO Box 83720, Boise, ID 83720-0036."

The title should go directly to the Bureau of EMS & Preparedness. If you receive the original, you have not listed the lienholder correctly and it must be reissued.

EXAMPLES

County or City:

Application for Certificate of Title
Idaho Transportation Department

ITD 3337 (Rev 10-13)
itd.idaho.gov

Before starting form, see instructions on Page 2.

Section 1 Vehicle/Vessel Description	Previous Idaho Title Number		1st Vehicle or Hull Identification Number (VIN or HIN)			2nd VIN If Assigned		
	Year	Make	Body Type	Model	Description	Color (Primary/Secondary)	Fuel Type	Wheel Base
	Weight		Length	Width	Hull Material	Horsepower	Propulsion	
	Odometer Reading (no tenths) <input type="checkbox"/> Mi <input type="checkbox"/> Km		Odometer Status <input type="checkbox"/> Acc <input type="checkbox"/> No <input type="checkbox"/> Ex		Reading Date	Previous State	Previous State Brand <input type="checkbox"/> Rebuilt Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Repaired <input type="checkbox"/> Other	
Section 2 Purchaser - Owner	Owner #1 Full Legal Name (Last, First, Middle) or Business Name Knight County					<input type="checkbox"/> Or <input type="checkbox"/> And <input type="checkbox"/> LSR <input type="checkbox"/> DBA	Driver's License Number or SSN / EIN if Business 123-45-6789	
	Owner #2 Full Legal Name (Last, First, Middle) or Business Name					<input type="checkbox"/> Or <input type="checkbox"/> And <input type="checkbox"/> LSE <input type="checkbox"/> DBA	Driver's License Number or SSN / EIN if Business	
	Owner #3 Full Legal Name (Last, First, Middle) or Business Name					<input type="checkbox"/> Or <input type="checkbox"/> And <input type="checkbox"/> LSE <input type="checkbox"/> DBA	Driver's License Number or SSN / EIN if Business	
	Owner's Legal Physical Address 123 Main Street					City Terriertown		State ID
Section 3 Lienholder	Primary Lienholder Name Idaho Dept of Health & Welfare, Bureau of EMS & Preparedness			Mailing Address PO Box 83720		City Boise	State ID	Zip+4 83720-0036
	Secondary Lienholder Name			Mailing Address		City	State	Zip+4