



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.
 - c. Check AND if you are including your agency name in the box Owner #2.
 - d. Owner #2 may be left blank if you are not including your agency name on the title.
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						
<p>Before starting form, see instructions on Page 2.</p>								
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	Previous State Title No.		
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	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"/> LSR <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"/> 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			
Mailing Address if Different from Physical Address		City		State	Zip+4			
123 Main Street		Terriertown		ID	83123-1234			
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			

County and Agency:

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	Year	Make	Body Type	Model	Description	Color (Primary/Secondary)	Fuel Type	Wheel Base
	Weight	Length	Width	Hull Material	Horsepower	Propulsion		
	Odometer Reading	Odometer Status <input type="checkbox"/> Actual <input type="checkbox"/> In Excess <input type="checkbox"/> No Device	Reading Date	Previous State Title No.	State Brand Salvage Struct <input type="checkbox"/> Repaired			
Section 2 Purchaser - Owner	Owner #1 Full Legal Name (Last, First, Middle) or Business Name Knight County			<input type="checkbox"/> Or <input checked="" type="checkbox"/> And	Driver's License Number or SSN / EIN if Business 123-45-6789			
	Owner #2 Full Legal Name (Last, First, Middle) or Business Name Tara's EMS Agency			<input type="checkbox"/> LSR <input type="checkbox"/> DBA	Driver's License Number or SSN / EIN if Business 999-65-4321			
	Owner #3 Full Legal Name (Last, First, Middle) or Business Name			<input type="checkbox"/> Or <input type="checkbox"/> And	Driver's License Number or SSN / EIN if Business			
	Owner's Legal Physical Address			<input type="checkbox"/> LSE <input type="checkbox"/> DBA	Driver's License Number or SSN / EIN if Business			
	Mailing Address if Different from Physical Address 123 Main Street			City Terriertown	State ID	Zip+4 83123-1234		
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	

City and Agency:

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	Year	Make	Body Type	Model	Description	Color (Primary/Secondary)	Fuel Type	Wheel Base
	Weight	Length	Width	Hull Material	Horsepower	Propulsion		
	Odometer Reading	Odometer Status <input type="checkbox"/> Actual <input type="checkbox"/> In Excess <input type="checkbox"/> No Device	Reading Date	Previous State Title No.	State Brand Salvage Struct <input type="checkbox"/> Repaired			
Section 2 Purchaser - Owner	Owner #1 Full Legal Name (Last, First, Middle) or Business Name City of Roxieopolis			<input type="checkbox"/> Or <input checked="" type="checkbox"/> And	Driver's License Number or SSN / EIN if Business 987-65-4321			
	Owner #2 Full Legal Name (Last, First, Middle) or Business Name Tara's EMS Agency			<input type="checkbox"/> LSR <input type="checkbox"/> DBA	Driver's License Number or SSN / EIN if Business 999-65-4321			
	Owner #3 Full Legal Name (Last, First, Middle) or Business Name			<input type="checkbox"/> Or <input type="checkbox"/> And	Driver's License Number or SSN / EIN if Business			
	Owner's Legal Physical Address			<input type="checkbox"/> LSE <input type="checkbox"/> DBA	Driver's License Number or SSN / EIN if Business			
	Mailing Address if Different from Physical Address 456 Milkbone Avenue			City Roxieopolis	State ID	Zip+4 83124-4567		
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	