State of Idaho
Military Division
Bureau of Emergency Medical Services

AWARD GUIDELINES FOR VEHICLES
IDAHO EMS ACCOUNT III DEDICATED GRANTS PROGRAM

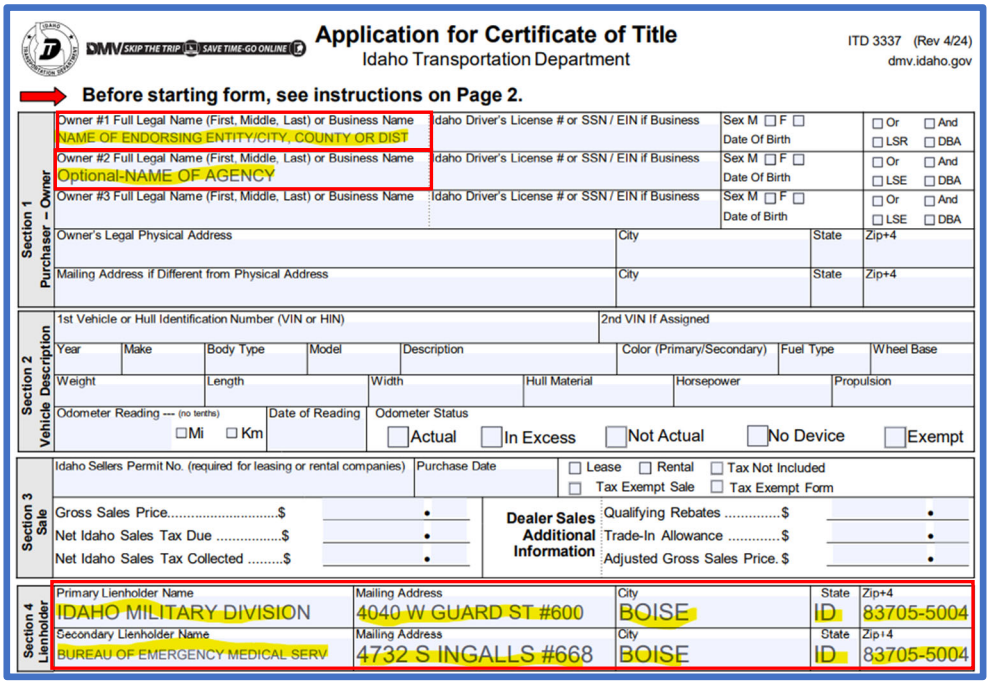
TITLE REQUIREMENTS

In accordance with Idaho Statute and subgrant terms, there are specific requirements agencies must follow when obtaining a title for a vehicle purchased with grant funds. When applying for the title, the following must be adhered to:

1. The vehicle must be titled within 30-60 days of it being received.

2. In Section 1: Owner #1 will be the City or County entity that provided the endorsement letter submitted with your grant application. The address is their mailing address. It is between the agency and the endorsing entity if the agency is listed as Owner #2.

3. The First Lienholder in Section 4 must be the Idaho Military Division OR Bureau of Emergency Medical Services with the address of 4732 S Ingalls St, Bldg 668; Boise, ID 83705-5004. The address of 4040 Guard St #600, Boise, ID 83705-5004 is also acceptable



Application for Certificate of Title
Idaho Transportation Department
ITD 3337 (Rev 4/24)
dmv.idaho.gov

DMV SKIP THE TRIP SAVE TIME-GO ONLINE

Before starting form, see instructions on Page 2.

Section 1 Purchaser – Owner

Owner #1 Full Legal Name (First, Middle, Last) or Business Name: NAME OF ENDORSING ENTITY/CITY, COUNTY OR DIST	Idaho Driver's License # or SSN / EIN if Business	Sex M ☐ F ☐ Date Of Birth	☐ Or ☐ And ☐ LSR ☐ DBA
Owner #2 Full Legal Name (First, Middle, Last) or Business Name: Optional-NAME OF AGENCY	Idaho Driver's License # or SSN / EIN if Business	Sex M ☐ F ☐ Date Of Birth	☐ Or ☐ And ☐ LSE ☐ DBA
Owner #3 Full Legal Name (First, Middle, Last) or Business Name	Idaho Driver's License # or SSN / EIN if Business	Sex M ☐ F ☐ Date of Birth	☐ Or ☐ And ☐ LSE ☐ DBA

Owner's Legal Physical Address	City	State	Zip+4
Mailing Address if Different from Physical Address	City	State	Zip+4

Section 2 Vehicle Description

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) ☐Mi ☐Km	Date of Reading	Odometer Status ☐Actual ☐In Excess ☐Not Actual ☐No Device ☐Exempt					

Section 3 Sale

Idaho Sellers Permit No. (required for leasing or rental companies)	Purchase Date	☐ Lease ☐ Rental ☐ Tax Not Included ☐ Tax Exempt Sale ☐ Tax Exempt Form	
Gross Sales Price.....$	•	**Dealer Sales Additional Information** Qualifying Rebates .....$	•
Net Idaho Sales Tax Due .....$	•	Trade-In Allowance .....$	•
Net Idaho Sales Tax Collected .....$	•	Adjusted Gross Sales Price. $	•

Section 4 Lienholder

Primary Lienholder Name: IDAHO MILITARY DIVISION	Mailing Address: 4040 W GUARD ST #600	City: BOISE	State: ID	Zip+4: 83705-5004
Secondary Lienholder Name: BUREAU OF EMERGENCY MEDICAL SERV	Mailing Address: 4732 S INGALLS #668	City: BOISE	State: ID	Zip+4: 83705-5004

The title must go directly to the Idaho Bureau of Emergency Medical Services. If you receive the original title, you have not listed the lienholder correctly and it must be reissued.

INSURANCE REQUIREMENTS

In accordance with Idaho Statute and with the subgrant contract your agency has with the Idaho Military Division, there are specific requirements your agency must follow when insuring your vehicle. Your agency is expected to follow the guidelines below when providing proof of insurance yearly until your lien is released:

1. You must maintain collision and comprehensive damage insurance on the vehicle in such amount as to provide for complete replacement or repair of the vehicle.

2. You shall name the Division as an additional insured.

3. You shall provide a copy of the endorsement to the policy from the insurer to the Division within thirty (30) calendar days of purchase or no later than June 1st on an annual basis. The insurance certificate usually comes directly from your insurer. It is your responsibility to make certain your insurer sends us the certificate at our office address:

   Idaho Bureau of Emergency Medical Services
   Attn: Gail Zarr
   4732 S Ingalls St, Bldg 668
   Boise, ID 83705-5004

4. Such insurance shall be kept in force for the entire period of the five (5) year security agreement.

5. Proof of such insurance must be delivered to the Idaho Bureau of Emergency Medical Services yearly for the entire period of the five (5) year security agreement.

DECAL INSTRUCTIONS

Adhere the enclosed decals according to your contract. One logo decal is to be placed on each side of the vehicle and at the rear of the vehicle. The text decal should be applied directly below each of the logo decals.

LIEN RELEASE

Agency may not sell, transfer, or reassign the vehicle without the prior written consent of the Division. Release of the Division's interest can be requested after the agency has successfully completed the terms of the subgrant and has had the vehicle for five years, beginning 30 days after the date of the invoice. At the time, the agency can request the Department process a Release of Satisfaction of Interest by contacting the Bureau and providing a copy of the title and/or registration of the vehicle.