



Idaho Transportation Department Affidavit of Non-Use of Registered Motor Vehicle

In compliance with Idaho Code section 49-1234, effective 1/1/2020, if your motor vehicle is currently registered in Idaho and is not being operated, you must either maintain insurance or notify the Idaho Transportation Department (ITD) by submitting this form prior to suspension of your registration. Please use this form for motor vehicles that are stored during certain months or are inoperable and awaiting repairs. Once you have submitted this form and it has been processed by ITD, the registration record for this vehicle will be updated to reflect the non-use period.

OWNER'S FULL LEGAL NAME: _____

VIN#: _____ LICENSE PLATE #: _____

Period of non-use. (Please include day, month and year. **Cannot exceed current registration expiration date.**)

FROM: _____ TO: _____

Note: If you will not be operating this vehicle for several registration periods, this affidavit must be completed annually to coincide with your registration renewal periods.

If you need to shorten the Non-Use period, please complete a new Affidavit of Non-Use Form with a new "TO" date and fax or email to the address below.

Please be aware at the expiration of this affidavit your registration will be automatically checked against the mandatory online insurance database on a monthly basis, and subject to suspension if found to be non-compliant for three consecutive months. ***It is your responsibility to obtain proof of valid liability insurance or other documentation to ensure the existence of liability insurance or proof of financial responsibility meeting Idaho's minimum requirements prior to the end of the non-use period and prior to operating this vehicle.***

By signing this form, I hereby certify this vehicle is currently not in use on Idaho roads. I understand that operating a motor vehicle on Idaho roads without financial responsibility (proof of liability insurance) meeting Idaho minimum requirements is against the law.

Signature: _____ Date: _____

Email: driveinsured@itd.idaho.gov

Fax: 208-332-4159

Mailing Address: ATTN: DRIVE INSURED PO Box 7129 Boise, ID 83707-1129