



Vehicle Fair Market Value Determination Request

Organization Information:

Organization:	
Contact:	
Phone Number:	
Email Address:	

Vehicle Information:

VIN:	
Year:	
Make:	
Model:	
No. of Seats (Including Driver):	
No. of Wheelchair Positions:	
Mileage:	
Transmission:	
Engine:	
Fuel Type:	
Vehicle Condition:	
Reason for Disposition:	

Additional Vehicle Information: (include all details that could affect the vehicle's value)

Submit all completed forms to Shauna Miller at Shauna.Miller@ITD.Idaho.gov.