



itd.idaho.gov

Satisfaction Of Lien

Idaho Transportation Department

ITD 3726 (Rev. 09-12)

Supply # 01-967677-4

Vehicle Identification Number (VIN)		Title Number
Year	Make	Model
Owner of Record		
Lienholder of Record		

Complete the following if applicable

Lienholder of Record	is now Known As/DBA/One and the Same As	Current Lienholder Name
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By signing below, I certify that the lien on the above-described vehicle has been satisfied.

Lienholder Name	Phone Number	Authorized Signature X	Date
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If the title is to be sent to an address other than the owner's address indicated on the original title, print the address below.

Name	Address		
City	State	Zip Code	

If the original title has been lost or damaged, mark the appropriate boxes below and sign the application. The signature in this section must be notarized. Include the \$14.00 replacement fee with this application or supply credit card information below.

I hereby make application for a replacement title for the vehicle described above. The original title has been lost unless otherwise indicated as follows. Illegible Mutilated
(Attach the old title if either of the above are checked)

X _____
X _____

Daytime Phone Number (Include Area Code)
()

Subscribed and sworn before me this
_____ day of _____ year _____

SEAL
or
STAMP

Notary Public's or ITD Agent's Signature

Credit Card Information

Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card Number	Expiration Date	Security Code
Authorized Signature			Date