

**Unified Carrier Registration – Year 2012**  
 Idaho Transportation Department - Motor Carrier Services  
 PO Box 7129 Boise ID 83707-1129  
 Phone: 208-334-8611; Fax: 208-334-2006; E-mail: [cvs@itd.idaho.gov](mailto:cvs@itd.idaho.gov)



**Section 1 - General Information** (*this form is not required when registering online at [www.ucr.in.gov](http://www.ucr.in.gov)*)

USDOT Number	MC or MX Number	Freight Forwarder Number	Telephone Number	Fax Number	
Legal Name			E-mail Address		
Doing Business Under the Following Name (DBA)					
Principal Business Street Address			City	State	Zip Code
Mailing Address			City	State	Zip Code

**Section 2 - Classification** – Check all that apply

<input type="checkbox"/> Motor Carrier	<input type="checkbox"/> Broker	Brokers, freight forwarders and leasing companies <u>not</u> also a motor carrier or motor private carrier skip Section 3. Indicate \$76 fee in Section 4 and complete Section 5.
<input type="checkbox"/> Motor Private Carrier	<input type="checkbox"/> Leasing Company	
	<input type="checkbox"/> Freight Forwarder	

**Section 3 - Number of Motor Vehicles** (*Motor Carrier and Motor Private Carrier only*)

Check one box:

a. The number of vehicles shown on Line 1 below match Section 26 of the last reported MCS-150 form.

b. The total number of vehicles shown on Line 1 below, owned and operated 7-1-10 through 6-30-11. *See the instructions for mandatory recordkeeping requirements.*

1.	Column A – Number of trucks & tractors: _____	+	Column B – Number of motor coaches, school or mini buses, vans & limousines: _____	=	Column C – Total _____
2.	a. Subtract the number of vehicles on Line 1, Column B, that have a vehicle capacity of 10 or less passengers, including driver.				( _____ )
	b. You may also subtract vehicles used only in intrastate transportation. <i>See the instructions for mandatory recordkeeping requirements.</i>				
3.	At your option, you may add the number of vehicles not shown on Line 1 Columns A or B that are commercial motor vehicles operating solely in intrastate commerce or those used in commerce to transport passengers or property for compensation that have a GVWR or GVW of 10,000 pounds or less, or a passenger capacity of 10 or less, including the driver.				_____
4.	<b>Total Number of Vehicles</b> ( <i>Line 1 Column C minus Line 2 plus Line 3</i> )				_____

**Section 4 - Fees**

Indicate the fee using the total vehicles on Line 4 of Section 3. Payment (*in U.S. funds*) can be made by check payable to "State of Idaho," by VISA or MasterCard (*include cardholder name, card number & expiration date*).

\$ \_\_\_\_\_

Number of Vehicles	Fee	Number of Vehicles	Fee	Number of Vehicles	Fee
0 – 2	\$76	6 – 20	\$452	101 – 1,000	\$7,511
3 – 5	\$227	21 – 100	\$1,576	1,001 or more	\$73,346

**Section 5 - Certification**

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Printed Name of Owner or Authorized Representative	Title
Signature	Date