



# Idaho Annual Trailer Registration Application

## For Trailers Purchased from an Idaho Manufacturer

ITD 3942 (Rev. 11-14)  
itd.idaho.gov

Idaho Transportation Department  
Motor Carrier Services  
PO Box 34, Boise, ID 83731-0034

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**→ Please Print or Type**

Idaho Account Number	USDOT Number	Federal Employer Identification Number (EIN)	Application Effective Date	Registration Year	Manufacturer's Name
Registrant Name			Registrant DBA (Doing Business As)		Manufacturer's Address
Registrant Business Address			City	State	Zip Code
Registrant Mailing Address			City	State	Zip Code
Registrant Contact Name		Registrant Phone Number	Registrant Fax Number	Registrant E-Mail Address	
Manufacturer Contact's Name					
Manufacturer Contact's Phone Number					

Base Jurisdiction	Unit Number	Trailer Year	Trailer Make	Trailer Type	Complete Vehicle Identification Number	Reg. Fees \$15 per Trailer

**Requirements**

- Manufacturer's Statement of Origin (MSO) for each trailer must accompany this application.
- Trailer(s) will be registered for twelve (12) months from the effective date, expiring on the last day of the applicable month.
- **Registration fees are not refundable.**
- **Credit card purchases are subject to an ITD service fee.**

Registration Fee Total _____ x \$15 each \$ _____
Plate Fees _____ x \$3 each \$ _____
Administration Fees _____ x \$4 each unit \$ _____
<b>Make checks payable to State of Idaho. Total Fees Due \$ _____</b>
For MasterCard or VISA payments, provide card number, expiration date, security code, and cardholder name on a separate piece of paper.

**The original Registrant may apply for an Idaho permanent trailer registration by completing the North America Trailer Application. Proof of title will be required. The Idaho Registration Fee (\$15) will be credited toward the permanent trailer registration fee (\$99) if the annual registration is still active.**

**Credential Mailing Instructions**

<input type="checkbox"/> Mail to Registrant's <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overnight via <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> Other: _____	Express Service Account No.
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-or- If paying fees by MasterCard or Visa, provide the credit card number, expiration date, security code, and cardholder name on a separate piece of paper and indicate approval for express mail fees to be charged to your card. **Credit card purchases are subject to an ITD service fee.**

<b>Applicant's Signature</b>  <input type="checkbox"/> Registrant   or <input type="checkbox"/> Manufacturer	<b>Date</b>
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