

Idaho North America Permanent Trailer Plate Application

Motor Carrier Services ■ PO Box 7129 ■ Boise, ID 83707-1129

Phone: (208) 872-3163 • E-Mail: cvs@itd.idaho.gov • Web Sites: dmv.idaho.gov • trucking.idaho.gov

Section	1. Applicant Info	ormation (co	mplete all a	applicable inf	formation)	Account # - Y	our Accour	nt#is	s listed on any do	cument issued by	Motor Carrier Servi	ices or leave blank	if new.
Idaho Account Number Employer Identification Number					U.S. DOT Number		‡ - Indicate	youi	r EIN or leave bla		Social Security Nur		
Registrant Name (Legal)					DBA (Doing Business As)			Conf		Contact Name			
Business Address City						City		Zip		Phone			
Mailing Address (if different from above)					City		State	Zip		E-Mail Address			
Section	on 2. Trailer Info	rmation (all i	nformatior	n <i>must</i> be cor	mpleted)								
Base Juris.	*Unit Number	Model Year	Trailer Make	Complete Vehicle Identificatio		on Number (VIN)	*Trai		Titled Owner Nam		ne	Purchase Date	*Check for TVC
					railer. Trailer Type op issued after payment								er rests
		Signature	· .							Date:			
		Jigilatule	••							Date.			
Requi					Fees Subm			Submitting	the Request				
	er must be for co			se (RVs, offic	e trailers, trailers w	ith living quarte	ers &		2 2 7 = 2 2			nit the application &	

- Non-Idaho based applicants must provide a copy of the title or official record of title from the base jurisdiction in the name of the applicant. Periodic verification of ownership will occur.
- Idaho-based applicants must title in Idaho.
- Trailer plates purchased on or after July 1, 2009 are not transferrable.
- Registration fees are not refundable. Non-Idaho based applicants should first verify with their base jurisdiction that the Idaho plate will be honored by enforcement.

- per trailer.
- *TVCs (Temporary Vehicle Clearances) are an additional \$18 per trailer.

Do not remit payment with your request. We will issue an invoice.

(PDF format required for attachments). The invoice will be emailed when processed. Payment options are on the invoice.

Mail: Mail the request to the address at the top of this form. Do not include payment.