

## **Full Fee Distance Guidelines**

ITD 3034 (Rev. 4-2023)

Motor Carrier Services PO Box 7129, Boise ID 83707 Phone: 208-334-8611 E-mail: cvs@itd.idaho.gov

Website: <a href="www.trucking.idaho.gov">www.trucking.idaho.gov</a>

This form must accompany the Full Fee Application	for Registration or renewal	report when actua	distance in
Idaho was not operated during the reporting period	l by the current owner.		

Account Number Fleet Number Reg		Fleet Number Registrant Name							
-	1								
Unit Number	Vehic	le Identification Nur	mber (VIN)						
oower units ov reporting perio	er 60, d, an Estima	000 pounds com estimate is requinte of 11,000 mile	bined gro red using es (averag	is July 1 through Junes vehicle weight. It one of the options ge annual distance on the options ating your projecte	f n be	o Idaho distance elow: erated by a Full I	e w Fee	as traveled vehicle in I	during the daho).
<u> </u>						•			
Trip Ori	gin	Trip Desti	nation	Estimated		Estimated Trips per Year		Total	Total
				Distance per Trip		Trips per Year		Distance	Estimate
1					Х		=		
					х		=		
					х		=		
ndicate the es	timate If this	miles of the distance for the	during the	ilar manner as Unit e reporting period. chosen on the appl you during the rep	lica	tion or renewal	for	m for the v	•
_	s regi	stered with weig	ht over 6	of the recordkeepir 0,000 pounds. See I	_	•		•	