



Idaho Registration Fee Credit or Refund Request

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

Phone: 208-334-8611
E-mail: cvs@itd.idaho.gov
Fax: 208-334-2006
Website: www.trucking.idaho.gov

Request Date	Idaho Account Number	Registrant Name

Mailing Address	City	State	Zip Code

Contact Name	Telephone	Fax	E-mail

Unit Number	Vehicle Year	Vehicle Make	Complete VIN	Plate Number

Check this box to confirm you do not intend to replace this vehicle during the current registration year.

Note: If you intend to replace the vehicle, discard this form and request a transfer of the Idaho registration fees to the replacement vehicle.

Check the applicable credit/refund category:

Sold – Provide a copy of the Bill of Sale, which must reflect the date sold, sale price, complete vehicle description (year, make and VIN), names of the buyer and seller, and signature of the seller.

Wrecked – Provide a copy of the insurance statement indicating you did not retain possession of the vehicle and that the insurance company did not reimburse you for the cost of the registration.

Lease Terminated – Provide a copy of the owner/operator lease termination statement that includes the date the lease ended, the vehicle owner name and your company name.

Other (Please explain in detail):

Return this form, the appropriate document(s) as indicated above, the license plate(s) and vehicle registration to Motor Carrier Services.

Your request will be reviewed and if approved, the unused portion of the registration fees will be credited toward any outstanding balance owed to the Idaho Transportation Department. Any remaining credit will be refunded.

X

Signature

Title