

## **Idaho Commercial Vehicle**

ITD 3072 (Rev. 04-2023)

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

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

## **Registration Fee Credit or Refund Request**

All information must be						
Request Date	Idaho Account Number		Registrant Name			
Mailing Address				City	State	Zip Code
Contact Name Telep		Telephone		E-mail		. П
Unit Number	Vehicle Year	Vehicle Mak	hicle Make   Complete VIN			*Plate Number
ome ramber	vernere rear	vemere make complete m				Tiute Number
*Your vehicle must be registered through the state Motor Carrier Services office.						
Tour verticle thast be registered through the state Motor Carrier Services office.						
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.						
acscription	(year, make a	ina viivį, na	ines of the bayer	and sener, and signatur	e or the seller	•
Musched Duride competition and statement indicating you did not note in accessing of the						
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.						
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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 (explain in detail):						
Datum this fam						ah:ala
		-	• •	ed above, the license p	late(s) and ve	enicie
registration to Motor Carrier Services, PO Box 7129, Boise, ID 83707.						
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, including upcoming						
installment plans. Any remaining credit will be refunded.						
x						
Signature (Required) Title						
Office Use Only						
	lonth:		Refund End Mor		# of Fee Moi	nths
5			1			
Credentials Returned: ( )Yes ( )No Installment Plan: ( )Yes ( )No Processed By:						
Denied Reason:						