

Unified Carrier Registration (UCR) – <u>Year 2023</u>

Idaho Transportation Department – Motor Carrier Services
PO Box 34 Boise ID 83707-0034

Phone: 208-334-8611; E-mail: cvs@itd.idaho.gov

This	s form is not req	uired i	f filing online a	it <u>www.ucr.gov</u>	<u>/</u>					
									Idaho Account Number	
Section	on 1 – Carrier I	nform	ation (Must ma	itch the current l	JSDOT reco	ord exactly)				
USDOT Number MC/MX/FF Number Classif (check 🗹 al.					-					
Contact Telephone Number Fax Number				1	E-mail Ad	ldress				
Legal Name					Doing Business As					
Principal Place of Business Street Address					City		State	Zip Code		
Mailing Address					City			State	Zip Code	
Section	on 2 – Number (*Brokers, F	reight F	orwarders and L	easing Compani	es skip this	section and inc	dicate the \$41	fee in Sect		
The number of vehicles shown on Line 1 below were owned and operated for the 12-month period ending June 30, 2022.										
Complete Lines 1 – 5:									Line Total	
Line 1 Number of straight trucks & tractors:										
Line 2 Number of passenger vehicles designed to carry more than 10 people including driver:										
Line 3 Total of Lines 1 and 2:										
Line 4	Optional for Motor Carriers & Motor Private Carriers Only – Enter the number of vehicles used exclusively in intrastate transportation or are 10,000 pounds or less:									
Line 5	Subtract Line 4	from L	ine 3 to detern	nine the numb	er of vehi	cles subject to	this UCR fil	ing:		
Section 3 – Fees Number of Vehicles Fee Number of Vehicles Fee Number of Vehicles Fee $0-2$ \$41 $6-20$ \$242 $101-1,000$ \$4,024 $3-5$ \$121 $21-100$ \$844 1,001 or more \$39,289								<u></u>	l Amount Due	
Express	nt may be made s (3% service fee ready for payme). Do n	•	· ·		•	•	•		
	on 4 – Certifica									
I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. I understand this filing is subject to audit.										
Printed Name of Owner or Authorized Representative Title										
Signature							Date	Date		