



Idaho Full Fee Fleet Application for Registration

Motor Carrier Services ■ PO Box 7129 ■ Boise, ID 83707
Phone: 208-872-3163 • **E-Mail:** cvs@itd.idaho.gov
Web Site: www.trucking.idaho.gov

See "New Applicant Information" below if this is a new Full Fee Fleet.

Idaho Account Number	Taxpayer Identification Number	U.S. DOT Number	Registration Effective Date		
Registrant Name			DBA		
Business Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip
Contact Name		Phone	E-Mail Address		

Instructions:

- Action Codes are "A" (add), "R" (renew), "D" (delete), "C" (change).
- Vehicles with weight 8,000 pounds or less must complete all information except that which is denoted with an ** or ***.
- Vehicles with weight over 8,000 pounds through 60,000 pounds must complete all information except that which is denoted with an * or ***.
- Vehicles with weight over 60,000 pounds must complete all information except that which is denoted with an *.
- Check "Y" (Yes) or "N" (No) to receive a TVC (Temporary Vehicle Clearance).

New Applicant Information:

- A minimum of 25 vehicles located in two or more counties must be continuously registered in this fleet to retain eligibility for Full Fee Fleet registration.
- For vehicles transferring from a current county registration, provide a copy of the vehicle registration.
- The annual registration period will be determined by your first Registration Effective Date (shown above), expiring the last day of the twelfth (12th) month. All subsequent registrations will retain the same expiration date.

Action	Unit Number	Vehicle Year	Vehicle Make	Complete Vehicle Identification Number	Vehicle Type	Fuel Type	Idaho Title Number	Idaho Plate		
City and County Location			*Color	*Body Type	*Model	**Operation Type	**Combined Gross Weight	***Mileage	***Actual/Estimated	TVC <input type="checkbox"/> Y <input type="checkbox"/> N

Action	Unit Number	Vehicle Year	Vehicle Make	Complete Vehicle Identification Number	Vehicle Type	Fuel Type	Idaho Title Number	Idaho Plate		
City and County Location			*Color	*Body Type	*Model	**Operation Type	**Combined Gross Weight	***Mileage	***Actual/Estimated	TVC <input type="checkbox"/> Y <input type="checkbox"/> N

Action	Unit Number	Vehicle Year	Vehicle Make	Complete Vehicle Identification Number	Vehicle Type	Fuel Type	Idaho Title Number	Idaho Plate		
City and County Location			*Color	*Body Type	*Model	**Operation Type	**Combined Gross Weight	***Mileage	***Actual/Estimated	TVC <input type="checkbox"/> Y <input type="checkbox"/> N

Action	Unit Number	Vehicle Year	Vehicle Make	Complete Vehicle Identification Number	Vehicle Type	Fuel Type	Idaho Title Number	Idaho Plate		
City and County Location			*Color	*Body Type	*Model	**Operation Type	**Combined Gross Weight	***Mileage	***Actual/Estimated	TVC <input type="checkbox"/> Y <input type="checkbox"/> N

Action	Unit Number	Vehicle Year	Vehicle Make	Complete Vehicle Identification Number	Vehicle Type	Fuel Type	Idaho Title Number	Idaho Plate		
City and County Location			*Color	*Body Type	*Model	**Operation Type	**Combined Gross Weight	***Mileage	***Actual/Estimated	TVC <input type="checkbox"/> Y <input type="checkbox"/> N

Action	Unit Number	Vehicle Year	Vehicle Make	Complete Vehicle Identification Number	Vehicle Type	Fuel Type	Idaho Title Number	Idaho Plate		
City and County Location			*Color	*Body Type	*Model	**Operation Type	**Combined Gross Weight	***Mileage	***Actual/Estimated	TVC <input type="checkbox"/> Y <input type="checkbox"/> N

Signature:	Title:	Date:
------------	--------	-------

Submit the completed application by e-mail, mail or appointment. Do not remit payment with the request, an invoice will be issued for the total amount due.