



Your Safety • Your Mobility  
Your Economic Opportunity

Commercial Vehicle Services  
PO Box 7129  
Boise, ID 83707-1129

## Idaho Commercial Vehicle Services

### Registration Fee Credit or Refund Request

ITD 3072 (Rev. 04-25)

Phone: 208-872-3163  
E-mail: [cvs@itd.idaho.gov](mailto:cvs@itd.idaho.gov)  
Website: [www.trucking.idaho.gov](http://www.trucking.idaho.gov)

All information must be completed

Request Date	Idaho Account Number	Registrant Name			
Mailing Address			City	State	Zip Code
Contact Name	Telephone		E-mail		
Unit Number	Vehicle Year	Vehicle Make	Complete VIN		*Plate Number

***\*Your vehicle must be registered through the state Commercial Vehicle Services office, not a County DMV.***

- ☐ 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's name, and your company name.
- ☐ **Other** (explain in detail):

**Return this form, the appropriate document(s) as indicated above, the license plate(s), and vehicle registration to Commercial Vehicle 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

Refund Begin Month:	Refund End Month:	# of Fee Months:
Credentials Returned: ( )Yes ( )No	Installment Plan: ( )Yes ( )No	Processed By:
Denied Reason:		