



Idaho Intrastate Fleet Application for Registration

ITD 0264 (Rev. 04-2025)

Commercial Vehicle Services ■ PO Box 7129 ■ Boise, ID 83707

Phone: 208-872-3163 ■ E-Mail: cvs@itd.idaho.gov

Website: www.trucking.idaho.gov

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).

Mandatory Requirements:

- A minimum of 25 vehicles located in two or more counties must be continuously registered in this fleet to retain eligibility.
- For vehicles transferring from a current county registration, provide a copy of the county vehicle registration.
- When new, or at renewal, specify the desired expiration month for this fleet other than December or January. All subsequent registrations will retain the same expiration date.

Month of Expiration: _____

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:
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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. For more information, go to www.trucking.idaho.gov. Select the Vehicle Registrations tab.