

North America Permanent Trailer Plate Application

Idaho Transportation Department



Commercial Vehicle Services – Motor Carrier
PO Box 34
Boise ID 83731-0034

Phone: (208) 334-8611 Fax: (208) 334-2006
E-Mail: cvs@itd.idaho.gov
Web Sites: dmvt.idaho.gov; trucking.idaho.gov

→ Please Print or Type

Idaho Account Number	U.S. DOT Number	Federal Employer Identification Number (EIN)	Application Effective Date	Registration Year
Name or DBA <input type="checkbox"/> Check if Name Change			Contact Person's Name	
Business Address <input type="checkbox"/> Check if Address Change	City	State	Zip Code	Phone Number
Fax Number				
Mailing Address <input type="checkbox"/> Check if Address Change	City	State	Zip Code	E-Mail Address

Base Juris.	Unit Number	Trailer Year	Trailer Make	Complete Vehicle Identification Number	Trailer Type	State Where Trailer is Titled	Titled Owner's Name	Title Number	Reg. Fees \$105.00 per Trailer

Requirements

- Non Idaho based companies may purchase the North America Permanent Trailer Plate and will not be required to title the trailer(s) in Idaho.
- Trailers not titled in Idaho are subject to periodic verification of ownership in order to maintain trailer registration's active status.
- Permanent trailer plates purchased on or after July 1, 2009 are not transferable.
- Registration fees are not refundable.

By signing this application, you certify ownership of the trailer(s) listed. Proof of valid title from your base jurisdiction must be provided in the form of a copy of the title or official record of title at the time of application.

Permanent trailer plates can be manufactured to display your business logo. There are upfront fees associated with this program to cover the development and manufacturing costs. If interested in this program, please contact Commercial Vehicle Services at 208-334-8611 for details.

Registration Fee Total _____

Plate Fees @ \$3.00 each _____

Administration Fees @ \$4.00 each unit _____

Temporary Vehicle Clearance (TVC) Fees @ \$10.00 each _____

Make checks payable to **State of Idaho** **Total Fees Due** _____

Applicant's Signature	Date
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