



Your Safety • Your Mobility
Your Economic Opportunity

Unified Carrier Registration (UCR) – Year 2025

Idaho Transportation Department – Motor Carrier Services

PO Box 34 Boise ID 83707-0034

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

This form is not required if filing online at www.ucr.gov

Idaho Account Number

Section 1 – Carrier Information (Must match the current USDOT record exactly)

USDOT Number	MC/MX/FF Number	Classification (check <input checked="" type="checkbox"/> all that apply):	<input type="checkbox"/> Motor Carrier	<input type="checkbox"/> Motor Private Carrier		
			<input type="checkbox"/> Broker*	<input type="checkbox"/> Freight Forwarder*	<input type="checkbox"/> Leasing Company*	
Legal Name			E-mail Address			
Doing Business As			Contact Name		Telephone Number	
Principal Place of Business Street Address			City		State	Zip Code
Mailing Address			City		State	Zip Code

Section 2 – Number of Motor Vehicles (Applies only to Motor Carriers & Motor Private Carriers). Check one:

(*Brokers, Freight Forwarders and Leasing Companies skip this section and indicate the \$46 fee in Section 3).

- The number of vehicles shown on Line 1 below matches the current USDOT record.
- The number of vehicles shown on Line 1 below were owned and operated for the 12-month period ending June 30, 2023.

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 Line 3 to determine the number of vehicles subject to this UCR filing:	

Section 3 – Fees

Number of Vehicles	Fee	Number of Vehicles	Fee	Number of Vehicles	Fee
0 – 2	\$46	6 – 20	\$276	101 – 1,000	\$4,592
3 – 5	\$138	21 – 100	\$963	1,001 or more	\$44,836

Total Amount Due

\$

Payment may be made by check (U.S. funds) payable to "State of Idaho" or by MasterCard, VISA, Discover & American Express (3% service fee). **Do not send credit card information with the application, we will contact you by telephone when ready for payment.**

Section 4 – Certification

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