

E-mail: cvs@itd.idaho.gov

USDOT Safety Responsibility Statement Idaho Transportation Department – Motor Carrier Services

Internatio	nal Reg	istration Pl	an (IRP) \	/ehic	cle Registrat	ion Informat	ion			
Registration Year		Account Number FI		Flee	eet Number IRP Accou		nt Name			
Unit Numb	Jnit Number Vehicle Yea		Vehicle Make		Complete Vehicle Identification Number (VIN)					
	identif						ibility of the	e followir	ng motor carrier	
USDOT Taxpayer ID Nui			Number (I IN)) Motor Carrier Name					
Contact Na	me				Contact Telephone Number		Contact Fax Number or E-mail Address		or E-mail Address	
Immed agree e-mailMainta USDC	diately ment is to cvs. ain an a	advise the terminated oitd.idaho active USD irements, in	Idaho Tra I. Notific gov. OT status	ansp atior s cla time	n must be in	partment, Mo writing, sub Interstate I Ind Unified (otor Carrier mitted by fa Motor Carri	r Service: ax to (20) ier and co	s office if this 8) 334-2006 or by omply with all (UCR) filings.	
					•				Date	
Authorized Representative's Signature*									Date	
*Cann	ot be si	gned by a l	icensing	ager	nt or third-pa	rty				
Submit the	e comp	leted and s	signed sta	atem	ent to:					
Mail:	Mail: Idaho Transportation Depart Motor Carrier Services PO Box 7129 Boise ID 83707-1129			artm					For office use only deviewed By:	
Fax:	(208) 3	334-2006						Date:	od 23.	
or										