Hafa Adai:

Download the application form to request for your Guam Driver's License Certification:

1. You must complete the application for Guam Driver's License Certification.

2. You must enclose a copy of your ***Guam Driver's License*** or a copy of one of the following valid IDs:
Passport (*U.S. or Foreign*), Military I.D. (*Active, Retiree, Dependent ONLY*), Guam I.D., Stateside I.D.

3. Payment method: Personalized Check, U.S. Money Order, or U.S. Cashier's check payable to: ***TREASURER OF GUAM***
   IMPORTANT: DO NOT SEND CASH, FOREIGN MONEY ORDER, OR FOREIGN CASHIER CHECK.

4. Mail your payment and the following documents: Application, Copy of one of the following valid IDs stated above to:

   Department of Revenue and Taxation
   ATTN: Division of Motor Vehicle
   P. O. Box 23607 GMF
   Barrigada, Guam 96921

If you have any questions and/or need additional information, please call 671-635-7651 or 7666.

DRIVER'S LICENSE CERTIFICATION FEE SCHEDULE	
Certification Fee	**$10.00**
Cost of Mailing (Postage fee is subject to adjustment for additional fees of the US Postal Service)	**$ 3.00**
No postage fee is required if certification is to be faxed or picked up.	

Dipåttamenton Kontribusion yan Adu'ånå

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM   **Gubetnamenton Guåhan**

LOURDES A. LEON GUERRERO, Governor Maga'håga
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'låhi

DAFNE MANSAPIT-SHIMIZU, Director
Direktot
MICHELE B. SANTOS, Deputy Director
Sigundo Direktot

APPLICATION FOR GUAM DRIVER'S LICENSE CERTIFICATION
DIVISION OF MOTOR VEHICLE
DRIVER'S LICENSE BRANCH

License Type: ❏ **Operator**   ❏ **Chauffeur**   ❏ **Motorcycle**   ❏ **Taxicab**

Name as it appears on your Guam Driver's License.

Name: _____   _____   _____
　　　　　　　　　Last　　　　　　　　　　　　　　　　**First**　　　　　　　　　　　**MI**

Driver's License Number: _____   **Date of Birth:** _____

Mailing Address: _____

City: _____   **State:** _____   **Zip Code:** _____

I hereby give my full authorization to the Driver's License Branch to release any information pertaining to my driver's license. I further declare under penalty of perjury that the foregoing is true and correct and that I am the same person described in this application.

_____   _____
　　　　　　SIGNATURE　　　　　　　　　　　　　　　　　**DATE**

[ ] Please fax to: _____
　　　　　　(Attention to: Phone number and Name of State or Country)

[ ] For Pick-up by: _____
　　　　　　(Name of Individual and Contact Number)

[ ] Send to: _____
　　　　　(Complete Mailing Address)

FOR OFFICE USE ONLY DO NOT WRITE IN THIS BOX
NAME OF FILE: _____ DL# _____
ISSUE DATE: _____ LICENSE TYPE: _____
EXPIRATION DATE: _____ ADDRESS ON FILE: _____
ORIGINAL ISSUE DATE: _____ EXAMINER SIGNATURE: _____