



Dipåttamenton Kontribusiyan yan Adu'ána

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

LOURDES A. LEON GUERRERO, Governor Maga'hága  
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'láhi

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

**INSTRUCTIONS:** Please download and print the following application. To prevent any delay, please ensure that all requirements listed below and the proper form of payments is enclosed with your application.

**CONVERTING INTERMEDIATE DRIVER'S LICENSE TO FULL LICENSURE:**

1. Applicant must have held their Intermediate License for twelve (12) months from issue date.
2. Licensee must not be at fault in any collision and remain conviction free of all traffic and motor vehicle code violations for twelve (12) consecutive months. Any holder who has violated any of the provisions of this Act shall not advance to the next stage of licensure for an additional period of six (6) months.

**IMPORTANT:** If the Guam driver's license is expired for a period of one (1) year, written examination is required. Applicant must be present in Guam to schedule and take the written examination. **Active duty armed forces members please see "REQUIREMENTS" #7.**

**REQUIREMENTS:**

- 1) **CLEAR COPY** of your intermediate driver's license or one of the following valid (not expired) photo identifications:
  - Passport (*U.S. or Foreign*)
  - Military I.D. (*Active, Retiree, Dependent ONLY*)
  - Guam I.D.
  - Stateside I.D.

**IMPORTANT:** Facial features and information on the photo identification must be clear and legible.

- 2) Complete and **NOTORIZED** driver's license application
- 3) **SIGNATURE SPECIMEN (MUST SIGNED IN BLACK INK ONLY)**
- 4) Two (2) U.S. Passport sized (2x2) color photos (*Must be taken with a plain white background*)  
(PLEASE DO NOT STAPLE PHOTOS TO APPLICATION)
- 5) Eye Specialist Certification (*REQUIRED ONLY WHEN CONVERTING TO A FULL LICENSE*)
- 6) Traffic Clearance or Traffic (driving) Abstract from State or Country presently residing in.
- 7) **ACTIVE DUTY IN THE ARMED FORCES WITH AN EXPIRED GUAM DRIVER'S LICENSE:** (*To waive any late fees or testing*) Must provide a clear copy of military I.D. (*front and back*) and military orders showing the date you were stationed or deployed out of Guam when your Intermediate Driver's License expired (*DOES NOT APPLY TO SPOUSE OR DEPENDENTS*)
- 8) **APPLICANT WITH A NAME CHANGE:** (*Must submit an original or certified copy*) of the following applicable documents: Marriage Certificate, Final Divorce Decree (*name must be stipulated*), Naturalization Certificate, or Court Order Name Change.
- 9) **PAYMENT:** 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.

**OFF-ISLAND RENEWAL FEE SCHEDULE:**

Driver's License Renewal Fee	Total Fee
New Full Licensure - \$ 10.00 + \$ 10.00 processing + \$ 3.00 postage fee	\$ 23.00
Replacement Intermediate License - \$ 10.00 + \$ 10.00 processing + \$ 3.00 postage fee	\$ 23.00
Late Penalties - \$5.00 for every three months for a maximum of \$40.00. The penalty will be in addition to the renewal fee. For example: An applicant's Guam Driver's License expires on January 2 and the applicant applies for a 3 year driver's license renewal between the following dates:	
	Penalty
	Total Fee Due
January 3 to April 2.....	\$ 5.00
April 3 to July 2.....	\$ 10.00
July 3 to October 2.....	\$ 15.00
October 3 to January 2 of the following year.....	\$ 20.00
	\$ 43.00 (\$38 + 5)
	\$ 48.00 (\$38 + 5)
	\$ 53.00 (\$38 + 5)
	\$ 58.00 (\$38 + 5)

**Mailing Address:**

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



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## OUT-OF-GUAM DRIVER'S LICENSE APPLICATION

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Option:  Converting Intermediate to a Full License (\$23)  Replacement Intermediate Driver's License (\$23)

Name: (Last)			(First)			(Middle)					
SSN:			DOB:			Home Ph:			Cell Ph:		
Out-of-Guam Mailing Address:											
Out-of-Guam Residential Address:											
Sex	Height	Weight	Hair Color	Eye Color	Restrictions	Email:					
Job Title:				Company:				Work Ph:			
Citizenship (Check One): <input type="checkbox"/> U.S.A. <input type="checkbox"/> FSM (Which State): _____ <input type="checkbox"/> Palau <input type="checkbox"/> Other: _____											

**INSTRUCTIONS:** For the questions listed below, please select "Yes" or "No"

Yes No

	1) ORGAN DONOR
	2) Do you have normal use of your hands and feet? <b>IF NO</b> , explain:
	3) Do you understand traffic signs and signals? <b>IF NO</b> , explain:
	4) Have you had a previous license suspended or revoked? <b>IF YES</b> , date, place and explain:
	5) Have you ever been refused and operator, chauffeur, taxicab or motorcycle license? <b>IF YES</b> , date, place, and explain:
	6) Have you ever been afflicted with epilepsy, insanity, paralysis, heart condition, diabetes, or other disability which might affect your driving control or ability? <b>IF YES</b> , explain:
	7) Are you a habitual drunkard or addicted to narcotic drugs or a habitual user of any other type(s) of drug(s)? <b>IF YES</b> , explain:
	8) Have you ever been convicted of or pled guilty of any traffic violation within the last 5 years? <b>IF YES</b> , date, place and list violations(s):

In compliance with P.L. 27-82 as it pertains to the US Selective Service System, the following is asked to every applicant if applicable:

[ ] I consent to register with the Selective Service System as required by Federal Law within 30 days of my 18<sup>th</sup> birthday.

[ ] I decline to register with the Selective Service system as required by Federal Law.

**SIGNATURE SPECIMEN SIGNED IN BLACK INK ONLY BELOW**

**NOTE:** To ensure better imaging results, please begin writing you signature half an inch away from the arrow. See sample below.

→ John Doe Sample

→ John Doe Sample

→

→

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRU AND CORRECT AND THAT I AM THE SAME PERSON DESCRIBED ON THIS APPLICATION.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_ Notary Public \_\_\_\_\_