



Dipåtamenton Kontribusion 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.

RENEWAL: Licensee may renew ninety (90) days prior to expiration date.

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" #6.**

REPLACEMENT: Provide all required documents listed below and the proper form of payment

REQUIREMENTS:

1) CLEAR COPY of your expired Guam 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 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 RENEWING*)

6) **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 Guam driver's license expired (*DOES NOT APPLY TO SPOUSE OR DEPENDENTS*)

7) **APPLICANT WITH A NAME CHANGE:** Must submit, certified copy or an original, of the following applicable documents: Marriage certificate, divorce decree (*name must be stipulated*), naturalization certificate, or court order name change.

8) **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
3 Year Driver's License - \$ 25.00 + \$ 10.00 processing + \$ 3.00 postage fee	\$ 38.00
5 Year Driver's License - \$ 45.00 + \$ 10.00 processing + \$ 3.00 postage fee	\$ 58.00
Replacement Fee for all classes - \$ 25.00 + \$ 10.00 processing + \$ 3.00 postage fee	\$ 38.00
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 \$ 43.00 (\$38 + 5)
April 3 to July 2.....	\$ 10.00 \$ 48.00 (\$38 + 5)
July 3 to October 2.....	\$ 15.00 \$ 53.00 (\$38 + 5)
October 3 to January 2 of the following year....	\$ 20.00 \$ 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: 5 yr. Driver's License (\$58) 3 yr. Driver's License (\$38) Replacement Driver's License (\$38)
 Intermediate Driver's License Replacement (\$23)

Class Type: Operator Chauffeur Motorcycle

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? IF NO , explain:
		3) Do you understand traffic signs and signals? IF NO , explain:
		4) Have you had a previous license suspended or revoked? IF YES , date, place and explain:
		5) Have you ever been refused and operator, chauffeur, taxicab or motorcycle license? IF YES , 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? IF YES , explain:
		7) Are you a habitual drunkard or addicted to narcotic drugs or a habitual user of any other type(s) of drug(s)? IF YES , explain:
		8) Have you ever been convicted of or pled guilty of any traffic violation within the last 5 years? IF YES , date, place and list violations(s):

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.

SAMPLE:

→ *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 _____

Post Office Box 23607, Guam Main Facility, Guam 96921 • Tel. / Telefon: (671) 635-1817 • Fax / Faks: (671) 633-2643



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Minimum Vision Requirement

1. Color identification or the ability to identify the distinctive traffic control colors
 - a. Able to distinguish between red, amber, and gree in any traffic signal application
2. Depth perception or the ability to judge distances
 - a. Able to answer without hesitation questions concerning the relative positions or signs or other objects in illustration
3. Peripheral vision or the horizontal vision field
 - a. Able to see a field of at least 140° of horizontal vision or a total field of 70°, if only one eye has vision
4. Monocular visual acuity (Applicant is able to see with only one eye)
 - a. Without corrective lenses
 - i. At least 20/40 vision
 - ii. Restriction: Outside mirror must be installed on the vehicle which the person operates on the side corresponding to the eye with no vision which provides a clear view to the side and rear of the vehicle
 - b. With corrective lenses
 - i. At least 20/40 vision
 - ii. Restriction: Outside mirror must be installed on the vehicle which the person operates on the side corresponding to the eye with no vision which provides a clear view to the side and rear of the vehicle, and corrective lenses must be worn while driving
5. Coordinate use of both eyes in binocular vision (Applicant able to see with both eyes)
 - a. Without corrective lense
 - i. At least 20/40 vision in each eye
 1. Restriction: None
 - ii. At least 20/40 vision in one eye, but less than 20/40 vision in the other eye
 1. Restriction: Outside rear view mirror must be installed on the vehicle which the person operates on the side corresponding to his/her weaker vision, which provides a clear view to the side and rear of the vehicle
 - b. With corrective lenses
 - i. At least 20/40 vision in each eye
 1. Restriction: Corrective lens must be worn while driving
 - ii. At least 20/40 vision in one eye, but less than 20/40 vision in the other eye
 1. Restriction: Corrective lenses must be worn while driving and an outside mirror must be installed on the vehicle which the person operates on the side corresponding to his/her weaker vision, which provides a clear view to the side and rear of the vehicle.



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Driver's Vision Screening	Department of Revenue and Taxation Driver's License Examination Branch		Date:
Name	(Last)	(First)	(Middle)
Mailing Address			
Date of Birth:		Guam Driver's License Number:	

In accordance with the Rules and Regulations of the Office of the Highway Safety Coordinator, the above named applicant is being required to consult an eye specialist for a visual evaluation relating to the issuance of a driver's license.

Visual Acuity Without Corrective Lenses			Visual Acuity With Corrective Lenses		
Right Eye	20/		Right Eye	20/	
Left Eye	20/		Left Eye	20/	
Both Eyes	20/		Both Eyes	20/	
Perimeter			Perimeter		
Depth Perception			Depth Perception		

Examiner:

REPORT OF VISION SPECIALIST

Without Corrective Lenses			With Corrective Lenses (If any)			Best Possible Correction		
Right Eye	20/		Right Eye	20/		Right Eye	20/	
Left Eye	20/		Left Eye	20/		Left Eye	20/	
Both Eyes	20/		Both Eyes	20/		Both Eyes	20/	

Yes

No

The applicant passes the State minimum visual requirements to operate a motor vehicle without any visual restriction?		
Applicant has been issued a new glasses / contacts?*		

*If no, the applicant is restricted to driving:

With glasses With Outside Mirror Only during daytime Other**

** Please specify: _____

Eye Specialist Certification

I, _____, am licensed to practice _____ in _____ (State). I certify that I have personally examined the eyes of the above named, that a true record of his examination appears above and that he/she signed below in my presence.

Signature of Eye Specialist _____ Date: _____

Business Address _____ Phone No. _____

Applicant's Release

I hereby authorize the doctor, whose signature appears above, to release his findings to the Driver's License Branch for the sole purpose of making a final determination on my application for a driver's license. I also understand that if corrective lenses are required, I will be unable to secure my driver's license until I have received my corrective lenses.

Signature of Applicant _____ Date _____