DEPARTMENT OF REVENUE AND TAXATION



(Rev3/04)

GOVERNMENT OF GUAM MOTOR VEHICLE DIVISION

READ CAREFULLY

The registered owner must complete affidavit. If application is to be completed by other than the registered owner, a Power Of Attorney must be furnished and attached hereto.

Please obtain a 1-Day Permit from the Department Of Revenue and Taxation Motor Vehicle Division, which will authorize you to drive your vehicle to a safety inspection center.

NOTE: Proper ID (Driver's License, Passport, Guam ID, Military ID, and Firearms ID) must be presented together with a passed Vehicle Inspection Checklist, Permit and this Affidavit.

AFFIDAVIT

I, (We)		, being first duly sworn	depose and say:
that during the period	to	the following desc	ribed vehicle was not
operated upon any highway of Gua	m for the reasons stated	below:	
License Plate #: Y			
Body Style: Cyli	nder: Engine:		
Vehicle Identification Number (VI	N):		
Under penalties of perjury, I, (We knowledge and belief, are true, corr		ormation contained in this appl	ication to the best of m
SIGNATURE	DATE	TELEPHONE #	
APPROVED ()	DISAPPROVED ()	