



DEPARTMENT OF REVENUE AND TAXATION

MOTOR VEHICLE DIVISION



Tel # 635-1756/1758

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 **5-Day Permit (\$5.00)** 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 described vehicle was not
 operated upon any highway of Guam for the reasons stated below:

License Plate #: _____ Year: _____ Make: _____ Model: _____

Body Style: _____ Cylinder: ____ Engine: _____

Vehicle Identification Number (VIN): _____

Under penalties of perjury, I, (We) declare that all the information contained in this application to the best of my knowledge and belief, are true, correct and complete.

Signature

Date

Telephone No.

APPROVED ()

DISAPPROVED ()