

Department of Revenue and Taxation Motor Vehicle Division BUS CLEARANCE FORM



Applicant(s) (Registered Owner) must complete this form for any Bus(s) and must comply with all the requirement outlined herein and must obtain clearances from the offices indicated herein. **Clearance must be the same as Registered Owner.**

Social Security is Required: The furnishing of your Social Security Number is required pursuant to Guam Code Annotated Title 16 §3101 and United States Code Title 42 §405 (C), (i), (vi). We need this information for the purpose of administering the Vehicle Code of Guam.

Registered Owner: ____

New []

Social Security Number/EIN: _____

Mailing Address: ____

BUS	APPROVED	DISAPPROVED	CLEARANCES
Plate No			Income Tax & Processing
Plate No			
Plate No			
Plate No			
Plate No			Business Privilege Tax Branch (GRT)
Plate No			
Plate No			
Plate No			
Plate No			Collection Branch
Plate No			
REQUIREMENTS () Insurance Declaration Application () Fictitious Name Application Notarized 			
 () Vehicle Registration Card () Surrender Both License Plates () Letter of Authorization to be serviced by a corporation, partnership or individual if not already shown on your vehicle registration card. () Other 			Driver's License Branch

Under penalties of perjury, I (we) declare that all information contained in this application to the best of my knowledge and belief, are true, correct and complete. Furthermore, I hereby agree that the issuance of any document(s) as a result of this application shall be declared null and void should any information be fraudulently provided herein or if any information provided is in error.

Signature of Registered Owner(s)

Date

Telephone Number

Renewal []

Transfer []