



**APPLICATION FOR FIRST TIME VEHICLE REGISTRATION
REGISTERING UNDER SOLDIERS' AND SAILORS' CIVIL RELIEF ACT
MOTOR VEHICLE DIVISION
DEPARTMENT OF REVENUE & TAXATION
Government of Guam**



HOURS OF OPERATIONS: 8:00 A.M. – 4:00 P.M. MONDAY – FRIDAY

Applicant (s) Please read carefully: Print or type all entries except signature. Signature(s) must be in ink. Members of the Armed Forces (active duty) applying for initial registration **must apply in person** and exhibit their military identification card, their **off-island** (CONUS) vehicle registration and a **Guam vehicle inspection checklist**. The checklist must indicate that your vehicle passed the safety inspection. **Spouse and dependents** with a power-of-attorney are not entitled to the benefits enumerated under Title 50 U.S.C. 511, Section 574 of the Soldiers' and Sailors' Civil Relief Act of 1940.

PRIVACY ACT NOTICE: The furnishing of your Social Security Number is required pursuant to Section 3101, Title 16, Guam Code Annotated and Section 405(c) (1) (C), Title 42, United States Code. We need this information for the purpose of administering the Vehicle Code of Guam.

OWNER(S) INFORMATION:		Relationship	Date of Birth
Social Security Number:	Name (Last, First, Middle Initial)	[] and [] or	
Social Security Number:	Name (Last, First, Middle Initial)	[] and [] or	
Social Security Number:	Name (Last, First, Middle Initial)	[] and [] or	

Citizenship (check one) [] U.S. [] Chuuk [] Yap [] Kosrae [] Marshall Islands [] Belau [] Pohnpei [] Others

VEHICLE INFORMATION

License Plate Number:	Year:	Make:	Model:	Body Type:	Color:	Cylinders:
Weight:	Capacity:	Engine Number:	Vehicle Identification Number:			
Guam Duty Station & Branch of Service			Vehicle Presently Registered in:			

MANDATORY AUTOMOBILE INSURANCE LAW

I HEREBY CERTIFY THAT I AM THE REGISTERED OWNER OF THE VEHICLE DESCRIBED HEREIN AND THAT THE INSURANCE COVERAGE ON SAID VEHICLE IS NO LESS THAN THE FOLLOWING AMOUNTS: **\$20,000** PROPERTY DAMAGE LIABILITY; **\$25,000** AND **\$50,000** THIRD PARTY BODILY INJURY LIABILITY FOR EACH PERSON AND FOR ALL PERSONS, RESPECTIVELY, IN ANY ACCIDENT.

Name of Insurance Company:	Vehicle Insurance Policy Number:	
Name of person(s) Insured:	Expiration Date:	
Registrant's Telephone Station:	Home:	Work:

Name of Lien holder/Financing Institution, if any (Legal Owner):

Name of Lien holder/Financing Institution, if any (Legal Owner):		
Address of Last Duty Station:	Vehicle Titled In (State):	Home State

Under penalties of perjury, I (We) certify that I am a member of the Armed Forces on Guam by reason of my military assignment and therefore legally entitled to exemption from Guam License and Registration Fees under the Soldiers' and Sailors' Civil Relief Act and that all information contained in this application to the best of knowledge and belief, are true, correct and complete.

Signature of owner	Date Signed	Telephone No
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FOR OFFICIAL USE ONLY

Remarks: / / APPROVED FOR SSRCA / / DISAPPROVED _____ _____	Inspection Number:	Reg. Exp.
	License Plate Number:	Tag No.
	Military Identification Number:	I.D. Expiration
	Branch of Service:	