



Dipåtamenton Kontribusion yan Adu'aña
DEPARTMENT OF
REVENUE AND TAXATION
GOVERNMENT OF GUAM **Gubetnamenton Guåhan**

Eddie Baza Calvo, Governor Maga'låhi
 Ray Tenorio, Lt. Governor Tiñente Gubetnadot

John P. Camacho, Director
 Direktot
 Marie Benito, Deputy Director
 Segundo 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 payment 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:											
	<table border="0"> <tr> <td style="text-align: right;"><u>Penalty</u></td> <td style="text-align: right;"><u>Total Fee Due</u></td> </tr> <tr> <td>January 3 to April 2.....\$ 5.00</td> <td>\$ 43.00 (\$38 +5)</td> </tr> <tr> <td>April 3 to July 2.....\$ 10.00</td> <td>\$ 48.00 (\$38 +10)</td> </tr> <tr> <td>July 3 to October 2.....\$ 15.00</td> <td>\$ 53.00 (\$38 +15)</td> </tr> <tr> <td>October 3 to January 2 of the following year.....\$ 20.00</td> <td>\$ 58.00 (\$38 +20)</td> </tr> </table>	<u>Penalty</u>	<u>Total Fee Due</u>	January 3 to April 2.....\$ 5.00	\$ 43.00 (\$38 +5)	April 3 to July 2.....\$ 10.00	\$ 48.00 (\$38 +10)	July 3 to October 2.....\$ 15.00	\$ 53.00 (\$38 +15)	October 3 to January 2 of the following year.....\$ 20.00	\$ 58.00 (\$38 +20)
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October 3 to January 2 of the following year.....\$ 20.00	\$ 58.00 (\$38 +20)										

Mailing Address:

Department of Revenue and Taxation
 ATTN: MOTOR VEHICLE DIVISION
 P.O. Box 23607
 GMF, 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

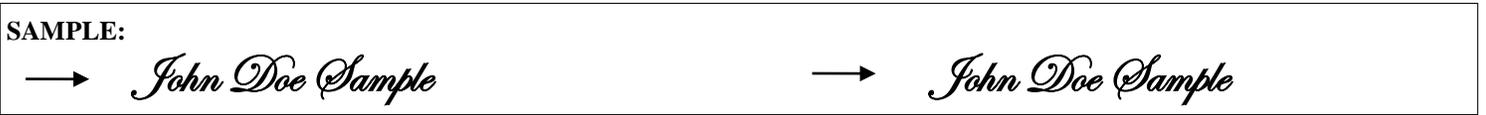
Name: (Last)			(First)			(Middle)		
SSN:		DOB:		Home Ph:		Cell Ph:		
Mailing Address:								
Residential Address:								
Sex	Height	Weight	Eye Color	Hair Color	Restrictions	E-mail:		
Job Title:				Company:			Work Ph:	
Citizenship (Check One):		<input type="checkbox"/> U.S.A.	<input type="checkbox"/> FSM (Which State?):			<input type="checkbox"/> Belau	<input type="checkbox"/> Other: _____	

INSTRUCTIONS: For the questions listed below, please select "yes" or "no".

Yes	No	Question
		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 an 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 to any traffic violation within the last 5 years? IF YES , date, place and list violation(s):

SIGNATURE SPECIMEN SIGNED IN BLACK INK ONLY BELOW

NOTE: To ensure better imaging results, please begin writing your signature half an inch away from the arrow. See sample below.



→ _____ → _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE 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 _____



Minimum Vision Requirements

1. Color identification or the ability to identify the distinctive traffic control colors
 - a. Able to distinguish between red, amber, and green 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 visual 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 lenses
 - 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.



EYE SPECIALIST CERTIFICATION

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. This applicant has been screened by this department and has failed to meet our visual requirements.

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/	

The applicant passes the State minimum visual requirements to operate a motor vehicle without any visual restriction?	Yes	No
Applicant has been issued 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 this 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 _____