



APPLICATION FOR REPLACEMENT OF THE



CERTIFICATE OF OWNERSHIP (TITLE), REGISTRATION, LICENSE PLATE(S), OR, TAG

Department of Revenue and Taxation Vehicle Registration Branch

Hours of Operation: 8:00a.m. – 5:00p.m. M-F

The Registered Owner (s) must sign affidavit. If application is to be signed by other than the registered owner, a Power-of-Attorney in connection with this appointment must be furnished and attached hereto.

Registered owner must present an Identification Card with photo (Driver's License, Passport, Nat. Certificate, Guam I.D. and Green Card) together with this application.

PRIVACY ACT NOTICE: The furnishing of your Social Security Number is required 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.

I/We _____ request a copy/replacement of:

Certificate of Ownership (Title) Vehicle Registration License Plate(s) Validation Tag

Requirements
<input type="checkbox"/> Proper ID
<input type="checkbox"/> Lien Satisfaction (Original)
<input type="checkbox"/> Vehicle Registration
<input type="checkbox"/> Power-of-Attorney (copies provided must have Original Certification)
<input type="checkbox"/> Lost property Certification (Guam Police Department)
<input type="checkbox"/> Surrender License Plate(s)

APPROVED

DISAPPROVED

Registered Owner: _____

Lien Holder (Legal Owner): _____

License Plt.# _____ Year: _____ Make: _____ Model: _____

Body Type: _____ Cyl: _____ Engine #: _____

Vehicle Identification Number (VIN): _____

Reason: (Furnish complete detail): _____

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. 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

BY: _____

Give title when signing for Corp., Joint Venture, etc. (Corporate officers or authorized representatives). (Rev5/07)