



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



Applicant(s) Please read carefully: Print or write 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** vehicle registration card 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

O W N E R	Social Security Number	Name (Last, First, Middle Initial)	Relationship [] and [] or	Date of Birth
	Social Security Number	Name (Last, First, Middle Initial)		Date of Birth
Mailing Address			Residence Address	

Citizenship (check one): USA OTHER (**please specify*):

LIENHOLDER (Legal Holder)

Name of legal Owner / Financial Inst.	Resident of State
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VEHICLE INFORMATION

License Plate Number	Year	Make	Model	Body Type	Color
Cyl	Weight	Capacity	Fuel	Vehicle Identification Number	Engine No.

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 THAT THE FOLLOWING AMOUNTS: **\$20,000** PROPERTY DAMAGE LIABILITY; **\$25,000** AND **\$50,000** THRID 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

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

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