



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 delays, please ensure that all requirements listed below and the proper form of payment is enclosed with your application.

**CONVERTING INTERMEDIATE DRIVER'S LICENSE TO FULL LICENSURE:**

1. Applicant must have held their Intermediate License for twelve (12) months from issue date.
2. Licensee must not be at fault in any collision and remain conviction free of all traffic and motor vehicle code violations for twelve (12) consecutive months. Any holder who has violated any of the provisions of this Act shall not advance to the next stage of licensure for an additional period of six (6) months.

**IMPORTANT:** If the Guam Intermediate License has expired for a period of one (1) year, written examination is required. Applicant must be present on Guam to schedule and take the written examination. **Active Duty Armed Forces members please see REQUIREMENTS #7**

**REQUIREMENTS:**

- 1) **Clear copy** of your intermediate driver's license or one of the following valid (*not expired*) photo identification:
  - a. Passport (*U.S. or Foreign*)
  - b. Military I.D. (*Active, Retiree, Dependent ONLY*)
  - c. Guam I.D.
  - d. Stateside I.D.

**IMPORTANT:** Facial features and information on the copy of your photo identification must be clear and legible.

- 2) Completed and **NOTARIZED** Driver's License Application
- 3) **SIGNATURE SPECIMEN (MUST SIGNED IN BLACK INK ONLY)**
- 4) Eye Specialist Certification (*Required only when Converting to a Full License*)
- 5) Two (2) US. Passport Sized (2x2) Colored Photos. (**NOTE:** *Photos must be taken with a plain white background*)
- 6) Traffic Clearance or Traffic (driving) Abstract from State or Country presently residing in.
- 7) **ACTIVE DUTY IN THE ARMED FORCES WITH AN EXPIRED GUAM INTERMEDIATE LICENSE: (To Waive Any Late Fees or Testing):** Must provide a clear copy of valid military I.D. (*Front and Back*) and military orders showing the date you were stationed or deployed out of Guam when your Intermediate License expired (**DOES NOT APPLY TO SPOUSE OR DEPENDENTS**).

**NAME CHANGE:** (*Must submit an original or certified copy*) Marriage Certificate, Final Decree of Divorce (*The Court shall, in the Final Decree of Divorce, restore that party to the surname he or she had before marriage*), U.S. Naturalization Certificate, or Court Order for Name Change.

**PAYMENT Method:** U.S. Money Order, Personalized Check, 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 FEE SCHEDULE:**

| <i>Driver's License Fee Schedule</i>                                                                                                                                                                                                                                                                 | <b>Total Fee</b>     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>New Full Licensure - \$ 10.00 + \$ 10.00 processing + \$ 3.00 postage fee</b>                                                                                                                                                                                                                     | <b>\$ 23.00</b>      |
| <b>Replacement Intermediate License - \$ 10.00 + \$ 10.00 processing + \$ 3.00 postage fee</b>                                                                                                                                                                                                       | <b>\$ 23 .00</b>     |
| <b>Late Penalties: \$5.00 Quarterly, every three months for maximum of \$40.00. The penalty will be in addition to the new full license. For example: An applicant's Guam Intermediate License expires on January, 2 and the applicant applies for a full licensure between the following dates:</b> |                      |
|                                                                                                                                                                                                                                                                                                      | <u>Penalty</u>       |
| January 3 to April 2.....                                                                                                                                                                                                                                                                            | \$ 5.00              |
| April 3 to July 2.....                                                                                                                                                                                                                                                                               | \$ 10.00             |
| July 3 to October 2.....                                                                                                                                                                                                                                                                             | \$ 15.00             |
| October 3 to January 2 of the following year.....                                                                                                                                                                                                                                                    | \$ 20.00*            |
|                                                                                                                                                                                                                                                                                                      | <u>Total Fee Due</u> |
| January 3 to April 2.....                                                                                                                                                                                                                                                                            | \$ 28.00 (\$23 + 5)  |
| April 3 to July 2.....                                                                                                                                                                                                                                                                               | \$ 33.00 (\$23 + 10) |
| July 3 to October 2.....                                                                                                                                                                                                                                                                             | \$ 38.00 (\$23 + 15) |
| October 3 to January 2 of the following year.....                                                                                                                                                                                                                                                    | \$ 43.00 (\$23 + 20) |
| <b>Reinstatement Fee for Driver's Licenses that are cleared of any suspension or revocation</b>                                                                                                                                                                                                      | <b>\$20.00</b>       |

**Mailing Address Information:** Department of Revenue and Taxation  
 ATTN: MOTOR VEHICLE DIVISION  
 P.O. Box 23607 Barrigada, Guam 96921

If you have any questions and/or need additional information, please call (671) 635-7651 or e-mail [drivers@revtax.guam.gov](mailto:drivers@revtax.guam.gov) or [jesse.salas@revtax.guam.gov](mailto:jesse.salas@revtax.guam.gov).



Dipåtamenton Kontribusion yan Adu'ånå  
 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

**Out-of-Guam Driver's License Application**

Please check one:  Converting Intermediate License to a Full License (\$23)  Replacement Intermediate License (\$23)

|                                  |        |        |                                 |                                              |                                |                                       |          |  |
|----------------------------------|--------|--------|---------------------------------|----------------------------------------------|--------------------------------|---------------------------------------|----------|--|
| Name: (Last)                     |        |        | (First)                         |                                              |                                | (Middle)                              |          |  |
| SSN:                             |        | DOB:   |                                 | Home PH:                                     |                                | Cell PH:                              |          |  |
| Out-of-Guam Mailing Address:     |        |        |                                 |                                              |                                |                                       |          |  |
| Out-of-Guam 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? <b>IF NO</b> , explain:                                                                                                                       |
|     |    | 3) Do you understand traffic signs and signals? <b>IF NO</b> , explain:                                                                                                                         |
|     |    | 4) Have you had a previous license suspended or revoked? <b>IF YES</b> , date, place and explain:                                                                                               |
|     |    | 5) Have you ever been refused an operator, chauffeur, taxicab or motorcycle license? <b>IF YES</b> , 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? <b>IF YES</b> , explain: |
|     |    | 7) Are you a habitual drunkard or addicted to narcotic drugs or a habitual user of any other type(s) of drug(s)? <b>IF YES</b> , explain:                                                       |
|     |    | 8) Have you ever been convicted of or pled guilty to any traffic violation within the last 5 years? <b>IF YES</b> , date, place and list violation(s):                                          |

In compliance with P.L. 27-82 as it pertains to the US Selective Service System, the following is asked of every applicant if applicable:

[ ] I consent to register with the Selective Service System as required by Federal Law within 30 days of my 18<sup>th</sup> birthday

[ ] I decline to register with the Selective Service System as required by Federal Law.

**SIGNATURE SPECIMEN PLEASE SIGNED ONLY IN BLACK INK BELOW**

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

→ *John Doe Sample*

→ *John Doe Sample*

→

→

**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.



|                                  |                                                                                   |                                      |                 |
|----------------------------------|-----------------------------------------------------------------------------------|--------------------------------------|-----------------|
| <b>Driver's Vision Screening</b> | <b>Department of Revenue and Taxation<br/>Driver's License Examination Branch</b> |                                      | <b>Date:</b>    |
| <b>Name</b>                      | <b>(Last)</b>                                                                     | <b>(First)</b>                       | <b>(Middle)</b> |
| <b>Mailing Address</b>           |                                                                                   |                                      |                 |
| <b>Date of Birth:</b>            |                                                                                   | <b>Guam Driver's License Number:</b> |                 |

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.

| Visual Acuity<br>Without Corrective Lenses |     |  | Visual Acuity<br>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/ |  |

Yes No

|                                                                                                                       |  |  |
|-----------------------------------------------------------------------------------------------------------------------|--|--|
| The applicant passes the State minimum visual requirements to operate a motor vehicle without any visual restriction? |  |  |
| 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 \_\_\_\_\_