



# GUAM DRIVER'S LICENSE APPLICATION

(See the backside of this application for instructions and requirements)

## PART: A

Date: \_\_\_\_\_ License No: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Driver's License Option:  5 year Driver's License (\$45)  3 year Driver's License (\$25)  Replacement (\$25)  
 Schedule written test (Please select class type below)  Issuance of Intermediate License (Traffic clearance required)(\$10)  
 Convert Intermediate to Full (Traffic clearance required)(\$10) **Traffic clearance must be dated within the last 30 days**

Class Type:

Operator  Chauffeur  Taxi (\$32)  Taxi ID Card (\$25)  Motorcycle

|              |         |          |                        |
|--------------|---------|----------|------------------------|
| Name: (Last) | (First) | (Middle) | Social Security Number |
|--------------|---------|----------|------------------------|

|               |          |          |       |
|---------------|----------|----------|-------|
| Date of Birth | Home Ph: | Cell Ph: | Email |
|---------------|----------|----------|-------|

Mailing Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

| Sex | Height | Weight | Eye Color | Hair Color | Previous License | Type Code | Restrictions |
|-----|--------|--------|-----------|------------|------------------|-----------|--------------|
|     |        |        |           |            |                  |           |              |

|            |          |          |
|------------|----------|----------|
| Job Title: | Company: | Work Ph: |
|------------|----------|----------|

Citizenship (Check one)  U.S.A.  FSM (Which State): \_\_\_\_\_  Belau  Other: \_\_\_\_\_

**INSTRUCTIONS:** For the questions listed below, please select "Yes" or "No"

| YES | NO | Question  |
|-----|----|---|
|     |    | 1) Are you willing to be an <b>ORGAN DONOR</b> ? Applicants <u>under the age of eighteen (18) years of age</u> must provide parental consent to be an organ donor under the Uniform Anatomical Gift Act (Organ Donor Act of 1998 P.L. 24-249). <b>Please see parental consent below</b> |
|     |    | 2) Do you have normal use of your hands and feet? <b>IF NO</b> , please explain:  |
|     |    | 3) Do you understand traffic signals and signs? <b>IF NO</b> , please 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> , please explain:  |
|     |    | 7) Are you a habitual drunkard or addicted to narcotic drugs or a habitual user or any other type(s) of drug(s)? <b>IF YES</b> , please 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

I understand that failure to register is a federal crime and punishable by up to 5 years imprisonment and a \$250,000 fine

**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: \_\_\_\_\_

| OFFICIAL USE ONLY | Date / Results: | Examiner's Initials: | Vision Results: |
|-------------------|-----------------|----------------------|-----------------|
|-------------------|-----------------|----------------------|-----------------|

## PART: B

| Designated Drivers | Guam Driver's License Number | Social Security Number | Date of Birth | Signature |
|--------------------|------------------------------|------------------------|---------------|-----------|
|                    |                              |                        |               |           |

### PARENT OR LEGAL GUARDIAN AUTHORIZATION (REQUIRED FOR MINORS)

I, \_\_\_\_\_, do hereby certify that I am the **MOTHER, FATHER, OR LEGAL GUARDIAN (circle one)** of the applicant who is a minor and that all the information provided is true and correct to the best of my knowledge. I also hereby grant my consent to the Driver's License Branch to administer any and all authorized tests and to license the applicant to operate a motor vehicle on the Highway.

I, \_\_\_\_\_, also give my consent to be an organ donor under the Uniform Anatomical Gift Act.

SIGNATURE OF PARENT OR LEGAL GUARDIAN OF MINOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# INSTRUCTIONS & REQUIREMENTS

## IMPORTANT NOTICE

1. All documents and identification provided must be valid (unexpired), original, or certified copies
2. Photocopies, notarized photocopies, non-certified copies, and expired documents and identification are not acceptable
3. If required documents show a different name than the name on your birth certificate, provide applicable NAME CHANGE DOCUMENTS listed below
4. Documents in a foreign language must be accompanied with an English translation from a DMV approved translator (i.e.: Foreign Consulate)
5. All applicants switching to a Guam Driver's License must complete and submit a Guam Driver's License Application and Driver's License Surrender Form. Applicants must also surrender the driver's license issued by the other U.S. or foreign licensing agency upon issuance of a Guam Driver's License.

**Minors (Individuals under the age of 18):** Original or certified copy of the birth certificate is required and applicant must be accompanied by a parent whose name appears on the birth certificate or Court Appointed Legal Guardian (Legal Guardianship required). Parent or Legal Guardian must complete Parent or Legal Guardian Authorization at the bottom of the application and provide a valid photo ID.

**Active Duty Service Members with Expired Guam Driver's License:** To waive any late fees or testing, must provide valid military ID AND military orders showing date stationed or deployed out of Guam when license expired.

**Veterans:** To waive new and renewal fees, submit Veteran's Certification, DD-214 form (must be honorably discharged), DD-2 form (retired), Common Access Card (CAC), or Veteran Card

## INSTRUCTIONS & REQUIREMENTS

**ALL APPLICANTS MUST BE PRESENT TO:** Schedule Written Exam, Pick-Up Permit, Renew, Replace, Name Change, or Switch U.S. or Foreign Driver's License

**SCHEDULE WRITTEN EXAMINATION (First-Time License):** Submit 32 classroom hours of a driver's education course. Complete Guam Driver's License Application. Provide an original social security card and valid photo I.D. (See List of Acceptable Photo Identifications below)

**PERMIT PICK-UP OR REPLACEMENT:** Guam Driver's License Application not required. Must provide valid photo I.D. (See List of Acceptable Photo Identifications below)

**RENEWALS:** Complete Guam Driver's License Application and submit driver's license. If license is expired, late penalties and/or testing may apply.

**REPLACEMENT:** Complete Guam Driver's License Application. Submit one (1) valid photo I.D. (See List of Acceptable Photo Identifications below)

**NAME CHANGE:** Complete Guam Driver's License Application. Submit applicable NAME CHANGE DOCUMENT(S) (See List of Acceptable Name Change Documents below)

**SWITCHING FROM A U.S. STATE, TERRITORY, or FOREIGN DRIVER'S LICENSE:** Written and/or road test may be required. Complete Guam Driver's License Application. Submit U.S. State or Foreign Driver's License, social security card, and valid photo I.D. (See list of acceptable valid IDs) **U.S. TERRITORIES and FOREIGN COUNTRIES:** Submit Driver's License Certification letter from the licensing agency of the U.S. Territory or Foreign country showing proof of having five (5) years' experience as a licensed driver.

**U.S. CITIZENS WITH CNMI DRIVER'S LICENSE:** Must have a VALID CNMI Operator's Driver's License for a period of no less than one (1) year or submit Driver's License Certification certifying at least one (1) years' experience as a licensed driver (P.L. 34-43). Complete Guam Driver's License Application. Submit CNMI Driver's License, social security card, and valid photo I.D. (See List of Acceptable Photo Identifications below)

## List of Acceptable Photo IDs & Name Change Documents

### Photo Identification

1. Guam I.D.
2. State I.D.
3. U.S. Military I.D. (Active, Retiree, or Dependent ONLY)
4. U.S. Passport

5. Foreign Passport
6. Naturalization Certification
7. Permanent Resident Card
8. Firearms I.D.

### Name Change Documents

1. Marriage Certificate
2. Final Divorce Decree (Name must be stipulated)
3. Adoption Decree
4. Court Ordered Name Change