



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

INSTRUCTIONS FOR TEMPORARY ON-ISLAND MAIL-IN APPLICATION FOR

1. NON-RS LICENSES &
 2. GUAM IDs FOR (U.S. CITIZENS ONLY)
- v2022.11.23

DRT is temporarily allowing for mail-in renewals/replacements for NON-REAL ID Driver's Licenses and Guam IDs. This is for Guam residents only. Please note: **This is a NON-REAL ID credential.** omplanrs License and Guam ID credentre issue d via in -office visits only. For Non-US Citizens requesting to renew or replace a Guam ID, please see the Guam ID Section below.

Instructions: Please download and print the following application. To prevent any delay, please ensure that all requirements listed below are met and the proper form of payment is enclosed with your application.

Driver's License Section:

****Renewal:** Licensee may renew ninety (90) days prior to expiration date.

IMPORTANT: I Guam dri over one (1) year, a written examination is required. The applicant must be present to schedule for the written test.

****New Intermediate DL:** Must provide completed 8-hr Behind-the-Wheel certificate, completed Road Exam results, Learner's Permit, and traffic clearance. (Please note: Traffic clearances are valid for 30 days from date of issuance)

****Converting Intermediate to a Full License:** Applicant must have held their Intermediate Driver's License for twelve (12) months from the issue date and not have had any traffic violations throughout the duration of holding the license. 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. If the expiration of the Intermediate License exceeds one (1) year, a written examination is required and must schedule an appointment online. The applicant must have a traffic clearance from the Superior Court of Guam. (Please note: Traffic clearances are valid 30 days from the date of issuance.)

Guam ID Section:

This is for renewals and replacements only. All new applicants must schedule an appointment online.

IMPORTANT: DUE TO THE REQUIRED DOCUMENTS UNDER THE GUAM ID POLICY FOR FOREIGN APPLICANTS, GUAM ID MAIL-IN RENEWALS AND REPLACEMENTS ARE FOR U.S. CITIZENS ONLY. ALL NON-U.S. CITIZENS MUST APPLY IN PERSON BY SCHEDULING AN ONLINE APPOINTMENT.

ALL GUAM ID APPLICANTS MUST PROVIDE AN ORIGINAL MAYOR'S CERTIFICATION (Mayor's Certifications expire after 30 days from date of issuance.)

Applicants applying for renewals or replacements must provide one of the IDs presented on #1 of Mail-In Requirements below.

****MINOR APPLICANTS MUST PROVIDE A PHOTOCOPY OF A VALID FORM OF ID OF THE PARENT WHOSE NAME APPEARS ON THE BIRTH CERTIFICATE, OR THE COPY OF ID OF THE COURT APPOINTED LEGAL GUARDIAN.**



Dipårtamenton Kontribusion yan Adu'aña

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Driver's License Fee Schedule	Total Fee															
Replacement/Converting Intermediate to Full License- \$10.00 + \$3 Postage Fee	\$13.00															
3-Year Driver's License- \$25.00 + \$3.00 Postage Fee	\$28.00															
5-Year Driver's License- \$45.00 + \$3.00 Postage Fee	\$48.00															
Replacement Fee For All Classes- \$25.00 + \$3.00 Postage Fee	\$28.00															
<p>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 Driver's License expires on January 2 and the applicant applies for a 3-year driver's license renewal between the following dates:</p> <table border="1"> <thead> <tr> <th></th> <th>Penalty</th> <th>Total Fee Due</th> </tr> </thead> <tbody> <tr> <td>January 3 to April 2.....</td> <td>\$ 5.00</td> <td>\$ 30.00 (\$25 +5)</td> </tr> <tr> <td>April 3 to July 2.....</td> <td>\$ 10.00</td> <td>\$ 35.00 (\$25 +10)</td> </tr> <tr> <td>July 3 to October 2.....</td> <td>\$ 15.00</td> <td>\$ 40.00 (\$25 +15)</td> </tr> <tr> <td>October 3 to January 2 of the following year.....</td> <td>\$ 20.00</td> <td>\$ 45.00 (\$25 +20)</td> </tr> </tbody> </table> <p>NOTICE: Late penalty fees are determined as per post-marked date.</p> <p>Guam ID Replacements and Renewals are both \$25 + \$3 Postage Fee = \$28</p>			Penalty	Total Fee Due	January 3 to April 2.....	\$ 5.00	\$ 30.00 (\$25 +5)	April 3 to July 2.....	\$ 10.00	\$ 35.00 (\$25 +10)	July 3 to October 2.....	\$ 15.00	\$ 40.00 (\$25 +15)	October 3 to January 2 of the following year.....	\$ 20.00	\$ 45.00 (\$25 +20)
	Penalty	Total Fee Due														
January 3 to April 2.....	\$ 5.00	\$ 30.00 (\$25 +5)														
April 3 to July 2.....	\$ 10.00	\$ 35.00 (\$25 +10)														
July 3 to October 2.....	\$ 15.00	\$ 40.00 (\$25 +15)														
October 3 to January 2 of the following year.....	\$ 20.00	\$ 45.00 (\$25 +20)														

MAIL-IN REQUIREMENTS: Please enclose the following documents with your application

- CLEAR COPY of your 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.

- Complete and **NOTARIZED** driver's license application below
- Signature specimen SIGNED IN BLACK INK ONLY
- Two (2) U.S. Passport sized (2x2) color photos (Must be taken with a plain white background) (PLEASE DO NOT STAPLE PHOTOS TO APPLICATION)
- Eye Specialist Certification (**For DL renewals ONLY**)
- Traffic clearance from the Superior Court of Guam. Clearances are valid for 30 days. (**For Converting Intermediate to Full license holders only.**)
- 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. Your renewal fee will be waived; however, the processing and postage fee still applies. (THIS WAIVER DOES NOT APPLY TO SPOUSE OR DEPENDENTS) **NOTE: This waiver is only for renewals, not replacements Veterans, please see #3 on the application.**
- APPLICANT WITH A NAME CHANGE:** Must submit an **original or certified copy** of the following documents that apply: Marriage certificate, divorce decree (name must be stipulated), naturalization certificate, or court order name change. *All original documents will be returned.*
- 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.**



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

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 140o of horizontal vision or a total field of 70o, 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



**GUAM DRIVER'S LICENSE AND GUAM ID
TEMPORARY ON-ISLAND MAIL-IN APPLICATION
FOR NON-REAL ID ONLY v2022.11.23**



APPLICATION INSTRUCTIONS: Please read and complete all necessary fields. Read the instructions page thoroughly to ensure you have the proper documents.

IMPORTANT NOTICE:

- Guam ID renewals and replacements for the mail-in option is to be utilized by US Citizens only.
- All copies of identification provided must be CLEAR and legible.
- VETERAN: To claim VETERAN status, submit one (1) of the following documents: Certification of Veteran Status issued by the Guam Veterans Affairs Office, DD-214 Form (must be honorably discharged), DD-2 Form, DD-1173 Form, DD-2765 Form, Common Access Card (CAC), or Veteran Card (card must have VA#, issue and expiration date). Waiver of Motor Vehicle DL fees for Veterans and extended beneficiaries must meet requirements stated under Title 16, Chapter 3 Section 3102.1. Guam Code Annotated.

SERVICE: GUAM DL		GUAM ID (U.S. CITIZENS ONLY)	
<input type="checkbox"/> Renew Guam DL (3yr)-\$28	<input type="checkbox"/> New Intermediate DL -\$13 (Traffic clearance required)	<input type="checkbox"/> Renew Guam ID- \$28	
<input type="checkbox"/> Renew Guam DL (5yr)-\$48	<input type="checkbox"/> Convert Intermediate to Full DL -\$13 (Traffic clearance required)	<input type="checkbox"/> Replace Guam ID- \$28	
<input type="checkbox"/> Replace Guam DL -\$28			

PART 1 - PERSONAL INFORMATION			APPLICATION DATE:
Name: First	Middle	Last	
Home Phone:	Cell Phone:	E-Mail:	
Residential Address:		Mailing Address: <input type="checkbox"/> Same as Residential Address	
Citizenship Status: <input type="checkbox"/> USA <input type="checkbox"/> NON-USA	Birth Country: <input type="checkbox"/> USA <input type="checkbox"/> OTHER:	Birth State:	Country of Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> OTHER:
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Hair Color:	Eye Color:	Date of Birth:
Height: FT IN	Weight: LBS	Social Security Number:	
Organ Donor: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If minor, parent consent required.</i>	Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Retired (Federal/Local) <input type="checkbox"/> Student	Employer:	
Hearing/Speech Disability (HSD) Option: <i>Guam P.L. No.30-98, any resident of Guam who is a deaf, hearing impaired or speech-impaired person may apply to have the notation "HSP" placed on the person's DL.</i>		Occupation:	Work No:
VETERAN STATUS- (OPTIONAL: Select ONE, if applicable) VETERAN Indicator: <input type="checkbox"/> YES <input type="checkbox"/> NO		Military Branch:	
<input type="checkbox"/> Active Duty Military	<input type="checkbox"/> Veteran	<input type="checkbox"/> Spouse/Legal Guardian/Surviving Spouse qualified under P.L 33-96	<input type="checkbox"/> Gold Star Recipient

PART 2 – DRIVING INFORMATION		
YES	NO	INSTRUCTIONS: For the questions listed below, please select "YES" or "NO"
		Do you have normal use of your hands and feet? If NO, Explain:
		Do you understand traffic signs and signals? If NO, Explain:
		Have you had a previous license suspended or revoked? If YES, give date, place and explain:
		Have you ever been refused an operator, chauffeur, taxicab or motorcycle license? If YES, give date, place and explain:
		Have you ever been afflicted with epilepsy, insanity, paralysis, heart condition, diabetes, or other disability which might affect your driving control? If YES, Explain:
		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:
		Have you ever been convicted of or pled guilty of any traffic violation within the last 5 years? If YES, give date, place and list violation(s):

SELECTIVE SERVICE: FOR MALE APPLICANTS BETWEEN THE AGES OF 16 - 25.: In compliance with P.L. No. 27-82 as it pertains to the U.S. Selective Service System, the following is asked of every male applicant. If applicable, select ONE option below.

I consent to register with the Selective Service System as required by Federal Law within 30 days of my 18th 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 punishable by up to 5 years imprisonment and a \$250,000 fine.

MOTOR VOTER: Eligibility to Register to Vote in Guam: By consenting to register to vote or update my registration, I attest that I am a U.S. Citizen, who is at least sixteen (16) years of age, who is a resident of Guam defined in 9 GCA § 9123, who is not confined to a mental institution nor judicially declared insane, and who is not committed under a sentence of imprisonment. **SELECT ONE:** I consent to register to vote. I decline to register. I am currently registered to vote and would like to update by registration. I was registered under the Full Name: _____ County & State of Previous Registration (if currently registered in another US Jurisdiction): _____ 3 GCA § 3102(a)(3)(J) Unlawful Registration is a Crime. A person who willfully causes, procures or allows himself or herself or any person to be registered as a voter, knowing himself or herself or the other person not be entitled to registration, is guilty of a felony of the third degree. **APPLICANT SIGNATURE:** _____

PART 3 - DISCLAIMER

I declare under penalty of perjury, that all information contained in this application and any accompanying document is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of my driver's license and/or photo identification card.

APPLICANT SIGNATURE: _____ DATE: _____

FOR MINOR APPLICANTS:

A PARENT or LEGAL GUARDIAN must complete the following in the case of a Minor applicant:

I, _____ (print full name), do hereby certify that I am the **Mother/Father/Legal Guardian** (circle one) of the Permittee applicant, who is a minor, and that all information provided herein is true and correct to the best of my knowledge. I also hereby grant my consent to the Driver's License Examination Branch to administer any and all actions as allowed by law, to facilitate the issuance of a Driver's License or Guam ID to my minor child named above.

Signature: PARENT or LEGAL GUARDIAN _____ DATE _____
(required if applicant is a minor)


SIGNATURE SPECIMEN SIGNED IN BLACK INK ONLY.

NOTE: To ensure better imaging results, please write your signature away from the arrow. See sample below.

SAMPLE:

Please sign here  *John Doe Sample*

*This will be the signature used on your ID card.

Please sign here 

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 on this day ____ of _____ Notary Public _____



Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Minimum Vision Requirement

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 vision 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 lens
 - 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.



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

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.

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/	

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