



Dipårtamenton Kontribusion yan
Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'låhi
RAYMOND TENORIO, Lt. Governor Tiñente Gubetnadora

JOHN P. CAMACHO
Director
Direktot

MARIE M. BENITO
Deputy Director
Segundo Direktot

Hafa Adai:

Download the application form to request for your **Guam Driver's License Certification**:

1. You must complete the application for Guam Driver's License Certification.
2. You must enclose a copy of your **Guam Driver's License** or a copy of one of the following valid IDs: **Passport, Stateside ID, Guam ID, or Military ID.**
3. Make check or money order payable to the **Treasurer of Guam. (PLEASE DO NOT SEND CASH)** (Please see **Driver's License Fee Schedule** below for payment amount)
4. Mail your payment and the following documents: **Application, Copy of one of the following valid IDs: (Driver's License, Passport, Military ID, or Guam or Stateside ID)** to:

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 671-635-1761/1762.

Driver's License Fee Schedule	
Certification fee	\$10.00
Cost of Mailing (Postage fee is subject to adjustment for additional fees of the US Postal Service)	\$3.00
No postage fee is required if certification is to be faxed or picked up.	



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APPLICATION FOR GUAM DRIVER'S LICENSE CERTIFICATION MOTOR VEHICLE DIVISION DRIVER'S LICENSE BRANCH

License Type: Operator Chauffeur Motorcycle Taxicab

Name as it appears on your Guam Driver's License.

Name: _____
Last First MI

Drivers License Number: _____ Date of Birth _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I hereby give my full authorization to the Driver's License Branch to release any information pertaining to my driver's license. I further declare under penalty of perjury that the foregoing is true and correct and that I am the same person described in this application.

SIGNATURE DATE

Please fax to: _____
(Attn to: Phone number and Name of state or country)

For Pick-up by: _____
(Name of Individual and Contact Number)

Send to: _____
(Complete Mailing Address)

FOR OFFICE USE ONLY DO NOT WRITE IN THIS BOX

NAME ON FILE: _____ DL # _____

ISSUE DATE: _____ LICENSE TYPE: _____

EXPIRATION DATE: _____ ADDRESS ON FILE: _____

ORIGINAL ISSUE DATE: _____ EXAMINER SIGNATURE _____