



Dipåtamenton Kontribusiyan Adu'aña

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

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 (U.S. or Foreign), Military I.D. (Active, Retiree, Dependent ONLY), Guam I.D., Stateside I.D.**
3. Payment method: 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.
4. Mail your payment and the following documents: Application, Copy of one of the following valid IDs stated above to:

Department of Revenue and Taxation
ATTN: Division of Motor Vehicle
P. O. Box 23607 GMF
Barrigada, Guam 96921

If you have any questions and/or need additional information, please call 671-635-7651 or 7666.

DRIVER'S LICENSE CERTIFICATION 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. | |



Dipåtamenton Kontribusion yan Adu'ána

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

License Type: Operator Chauffeur Motorcycle Taxicab

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

Name: _____
Last First MI

Driver's 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: _____
(Attention 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 OF FILE: _____ DL# _____

ISSUE DATE: _____ LICENSE TYPE: _____

EXPIRATION DATE: _____ ADDRESS ON FILE: _____

ORIGINAL ISSUE DATE: _____ EXAMINER SIGNATURE: _____