



Please download and print the following forms to process the RENEWAL/DUPLICATE of your driver's license.

Your license must be valid at the time of your request, or must not have expired over a year. You may renew your driver's license no sooner than ninety days of your expiration date.

1. You must complete the enclosed application which **must** be **NOTARIZED, AND ALSO SEND A COPY OF YOUR LICENSE OR ONE OF THE FOLLOWING IDENTIFICATIONS ALONG WITH YOUR APPLICATION: VALID PASSPORT, MILITARY ID, OR GUAM ID, OR STATESIDE ID.**
2. **You must sign your name in black ink on the space provided below.** To ensure better imaging results, please begin writing your signature half an inch away from the arrow. This page must be sent back along with your application.
3. **SIGNATURE SPECIMENS: SIGN IN BLACK INK ONLY**



START SIGNATURE WHERE ARROW IS POINTING



START SIGNATURE WHERE ARROW IS POINTING

4. You must provide two (2) recent passport color photos of yourself each measuring two (2) inches wide and two (2) inches high. Note: Photos must be taken with a plain white background only.
5. You must have the attached EYE SPECIALIST CERTIFICATION form signed by the eye specialist. (For renewal of license only)
6. For name change by Marriage, Divorce, Naturalization, or Court Order you must submit certified copies of the original of Marriage Certificate, Divorce Decree, Naturalization Certificate or Court Order for name change. For name changes by divorce, the name change **must be stipulated** in the divorce decree.
7. Make your check or money order payable to: TREASURER OF GUAM. (DO NOT SEND CASH). (Please see fee schedule on PAGE 2 for payment amount).

PAGE TWO

To avoid any delay in the processing of your application, please ensure that the following documents listed below are completed and mailed back to the address listed on this page.

- **Driver’s License Application (Must be Notarized)**
- **Eye Specialist Certification (For Renewals Only)**
- **Copy of one of the following ID’S: copy of expired Guam Driver’s License, valid passport,**
- **Military ID or any U. S State ID (required)**
- **2 recent passport photos measuring 2 x 2 inches**
- **For Name changes only: Original or certified copy of Marriage Certificate, Divorce Decree, Naturalization Certificate or Special Proceedings from the courts. (FOR NAME CHANGES ONLY)**
- **Check or Money order payable to: Treasurer of Guam (DO NOT SEND CASH)**

OFF-ISLAND Driver’s License Fee Schedule																
Driver's License Renewal Fee for all classes	\$38.00															
Duplicate Driver’s License Fee for all classes	\$38.00															
\$38.00 fee includes these two additional services: <ol style="list-style-type: none"> 1. Out-of-Guam Processing fee for renewals or duplicates of license 2. Cost of Mailing - subject to adjustment for additional fees of the US Postal Service 																
Late Penalties - \$5.00 for every three months for a maximum of \$20.00. The penalty will be in addition to the \$38.00 regular fee. For example: An applicant’s Guam Driver’s License expires on January 2 and the applicant renews between the following dates:																
	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Penalty</u></th> <th style="text-align: center;"><u>Total Fee Due</u></th> </tr> </thead> <tbody> <tr> <td>January 3 to April 2.....</td> <td style="text-align: center;">\$5.00</td> <td style="text-align: center;">\$43.00 (\$38 +5)</td> </tr> <tr> <td>April 3 to July 2.....</td> <td style="text-align: center;">\$10.00</td> <td style="text-align: center;">\$48.00 (\$38 +10)</td> </tr> <tr> <td>July 3 to October 2.....</td> <td style="text-align: center;">\$15.00</td> <td style="text-align: center;">\$53.00 (\$38 +15)</td> </tr> <tr> <td>October 3 to January 2 of the following year.....</td> <td style="text-align: center;">\$20.00</td> <td style="text-align: center;">\$58.00 (\$38 +20)</td> </tr> </tbody> </table>		<u>Penalty</u>	<u>Total Fee Due</u>	January 3 to April 2.....	\$5.00	\$43.00 (\$38 +5)	April 3 to July 2.....	\$10.00	\$48.00 (\$38 +10)	July 3 to October 2.....	\$15.00	\$53.00 (\$38 +15)	October 3 to January 2 of the following year.....	\$20.00	\$58.00 (\$38 +20)
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Reinstatement Fee for Driver's Licenses that are cleared of any suspension or revocation	\$20.00															

Department of Revenue and Taxation
ATTN: MOTOR VEHICLE DIVISION
 P. O. Box 23607
GMF, GUAM 96921

If you have any questions and/or need additional information, please write to us at the above address, or call (671) 635-1761/1762 or e-mail: jcsalas@revtax.gov.gu

Sincerely,
Jesse C. Salas
Driver’s License Supervisor



APPLICATION FOR GUAM DRIVER'S LICENSE



For RENEWALS and DUPLICATES, complete Part A only. Part B must be completed if the first-time applicant is under the age of 18.

PART A

Date: _____ License #: _____ NEW RENEWAL COPY

License applied for (Check one):

Operator

Chauffeur

Learner's Permit

License Expires: _____

Taxicab

Motorcycle

Intermediate License

For office use only:

Full Licensure

Vision Test results: _____

Name: (Last) (First) (Middle) Social Security No.: _____

Mailing Address: _____ Date of Birth: _____ Home Ph.: _____

Residence Address: _____ Work Ph.: _____

SEX	Height	Weight	EYE COLOR	HAIR COLOR	Previous License	Type Code (See back of driver's lic.)	Restrictions	Occupation	Employer

CITIZENSHIP (Check one): U.S.A. F.S.M. – Which state: _____ Belau Others: _____

Organ Donor (Check one): Yes _____ No _____ Applicants under the age of eighteen (18) years of Age must provide parental consent to be an organ donor under the Uniform Anatomical Gift Act. /ref Organ Donor Act of 1998 P.L. 24-249/. See parental consent below.

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, reason and place: _____

Have you ever been refused an operator, chauffeur, taxicab or motorcycle License? _____ If yes, give date and reason: _____

Have you ever been afflicted with epilepsy, insanity, paralysis, heart condition, diabetes, or other disability, which might affect your driving control or ability? _____ If yes, explain fully: _____

Are you a habitual drunkard or addicted to narcotic drugs or a habitual user of any other types of drugs? _____ If yes, explain: _____

Have you ever been convicted of or pled guilty to any traffic violation? _____ If yes, state the offence, date and place of conviction: _____

In compliance with Public Law 27-82 as it pertains to the U.S. 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 18th birthday.

[] I decline registration 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 \$250,000.00 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

PART B

Date Written Test Passed:	Examiner's Initials:			
Designated Drivers:	License No.	Social Security No.	Date of Birth	Signature
1				
2				

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

I, _____, do hereby certify that I am the _____
(Mother, Father, Legal Guardian)

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 for the applicant to be an organ donor under the Uniform Anatomical Gift Act (Yes ___ No ___)

Signature of Parent or Legal Guardian of the Minor

Date

Subscribed and sworn to before me this _____ day of _____. NOTARY PUBLIC: _____

REQUIREMENT OF SOCIAL SECURITY NUMBER: The furnishing of your Social Security Number is pursuant to Guam Code Annotated Title 16, § 3101 and United States Code Title 42, §405 (C)(i)(vi). This information is required for the purpose of administering the Vehicle Code of Guam.

(Rev 09/04)

REPORT OF VISION SPECIALIST

WITHOUT GLASSES	WITH PRESENT GLASSES (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/ _____

The applicant passes the State minimum visual requirements to operate a motor vehicle without any visual restriction.

Yes _____ No _____

Applicant issued new Glasses/Contacts? Yes _____ No _____

If no, the applicant is restricted to driving:

With Glasses _____ With Outside Mirror _____ Only during daytime _____

Other _____ Please specify _____

Does the applicant have any apparent abnormal progressive eye malfunction?

Yes _____ No _____

If yes, the applicant is required to have his vision re-tested in 12 months.

Additional findings or recommendations: _____

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 _____ 19 _____

Business
Address _____ Telephone _____

APPLICANT'S RELEASE

I hereby authorize the doctor, whose signature appears above, to release his findings to the Driver's License Section for the sole purpose of making a final determination on my application for a drivers license. I also understand that if corrective lenses are required, I will be unable to secure my drivers license until I have received my corrective lenses.

Signature of Applicant _____ Date _____

GUAM MINIMUM VISION REQUIREMENTS

1. Color identification or the ability to identify the distinctive traffic control colors: Ability to distinguish between red, amber and green in any traffic signal application.
2. Depth Perception or the ability to judge distances: Ability to answer without hesitation questions concerning the relative positions or signs or other objects in illustrations.
3. Peripheral vision or the horizontal visual field: Ability to see a field of at least 140 degrees of horizontal vision or a total field of 70 degrees, of only one eye has vision.
4. Monocular visual acuity or when applicant is able to see with only one eye.
 - (1) Without corrective lenses. At least 20/40 vision; 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.
 - (2) With corrective lenses: at least 20/40 vision; restriction: outside rear view mirror must be installed on the vehicle which the person operates, in the side corresponding to the eye with no vision, which provides a clear view to the side and rear of the vehicle, and a corrective lens must be worn while driving.
5. Coordinate use of both eyes in binocular vision (applicant able to see with both eyes).
 - (1) Without corrective lenses. at least 20/40 vision in each eye; restriction: none.
 - (2) With corrective lenses. at least 20/40 vision in each eye; restriction: corrective lenses must be worn while driving.
 - (3) Without corrective lenses. at least 20/40 vision in one eye, but less than 20/40 vision in the other eye; vehicle 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.
 - (4) With corrective lenses. At least 20/40 vision in one eye, but less than 20/40 vision in the other eye; 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.

DRIVERS
VISION
SCREENING

DEPT. OF REVENUE & TAXATION
DRIVER'S LICENSE
EXAMINING BRANCH

DATE

FULL NAME _____ LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ LICENSE NUMBER _____

Dear Doctor:

In accordance with the Rules and Regulations of the Office of the Highway Safety Coordinator, the above named applicant is being required to consult you for a visual evaluation relating to the issuance of a drivers license. This applicant has been screened by this Department and has failed to meet our visual requirements.

VISUAL ACUITY WITHOUT GLASSES

Right Eye 20/ _____
 Left Eye 20/ _____
 Both Eyes 20/ _____
 Perimeter _____
 Depth Perception _____

VISUAL ACUITY WITH GLASSES

Right Eye 20/ _____
 Left Eye 20/ _____
 Both Eyes 20/ _____
 Perimeter _____
 Depth Perception _____

Examiner _____

This form must be signed in the appropriate blanks by both the applicant and the examining doctor. We sincerely appreciate your assistance in this case as our interest is solely in the safety and well-being of the applicant and other citizens allowed to use our highways.