



Dipáttamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'låhi
RAY TENORIO, Lt. Governor Tifente Gubetnadot

JOHN P. CAMACHO, Director
Direktot
MARIE M. BENITO, Deputy Director
Segundo, Direktot

TAXI / BUS INSURANCE DECLARATION

GOVERNMENT OF GUAM DEPARTMENT OF REVENUE & TAXATION MOTOR VEHICLE DIVISION

- INSURANCE:** I, (We) the undersigned owner/authorized representative of the vehicle described in the application to which this supplement is attached, state the Insurance Policy No. _____
Issued by _____ which is presently in effect and expires _____, covers such vehicle in accordance with the provision Section 7158, Guam Code Annotated Title 16, and includes provisions that insurance thereby Provided applies while such vehicle is/are utilized as commercial use or for other transportation of Persons for hire and while being operated by any authorized driver in addition to the owner.
- TAXICAB OWNERSHIP:** If vehicle is a taxicab, the "TAXI" and the name of the registered Owner must prominently displayed on both sides of the exterior of the taxicab in accordance with Section 11103, Title XVI, of the Guam Code Annotated.
- INSURANCE POLICY:** It is further understood that I(We) renew my(Our) Insurance Policy upon Expiration or existence of my(our) Taxi/Bus License.

Year and Make: _____, License No. _____

Serial or Engine No. _____

Vin. No. _____

Under penalties of perjury, I(we) declare that all the information contained in this application to the best of my knowledge and belief, are true, correct and complete. Furthermore, I hereby agree that the issuance of any document(s) as a result of this application shall be declared null and void should any information is fraudulently provided or if any information provided is in error.

Signature of Registered Owner(s)

Date

Telephone No.

BY: _____ Give title when signing for Corp., Joint Vent., etc.(Corporate Officers or authorized representatives.

**** Note: Please attach the original insurance policy for inspection for new, renewal or transfer.**