



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)