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APPLICATION FOR INITIAL REGISTRATION AND/OR TRANSFER

DEPARTMENT OF REVENUE AND TAXATION VEHICLE REGISTRATION BRANCH

HOURS OF OPERATION: 8:00A.M. – 3:00P.M. M-F

Please read carefully: Print or type all entries except signature(s). Signature(s) must be in ink.

FOR INITIAL REGISTRATION:

1. The Original Manufacturer's Certificate of Origin, or the latest Off-Island Vehicle Registration.
2. A passed Guam Vehicle Inspection (Must be submitted with Initial Application).
3. Certification of Mandatory Insurance.

FOR VEHICLE TRANSFERS:

1. Certificate of Ownership (Title) must be properly endorsed (Please have Title notarized if it is required)
2. The most current Vehicle Registration.
3. Certificate of Mandatory Insurance.
4. A passed Guam Safety Inspection (Required on Initial Application, Obtaining Guam plates and if registration is due for renewal.)

Should there be a lien against the vehicle, please furnish the Security Agreement. If application is to be signed other than the registered owner, a Power-of- Attorney must be attached hereto. Registration under a Corporation, Joint Venture, Association and Partnership must be signed by one of the Corporate officers.

SOCIAL SECURITY IS REQUIRED: The furnishing of your Social Security Number is required pursuant to Section 3101, Title 16, Guam Code Annotated and Section 405(c)(1)(C), Title 42, United States Code. We need this information for the purpose of administering the Vehicle Code of Guam.

OWNER(S) INFORMATION:

Social Security Number/EIN	Name (Last, First, Middle Initial)	Relationship	Date of Birth
		☐and ☐or	
Social Security Number/EIN	Name (Last, First, Middle Initial)	☐and ☐or	
Social Security Number/EIN	Name (Last, First, Middle Initial)	☐and ☐or	

Mailing Address:	Residential Address:

Citizenship (Check one) ☐ U.S.A. ☐ Chuuk ☐ Yap ☐ Kosrae ☐ Marshall Islands ☐ Belau ☐ Pohnpei ☐ Others

MANDATORY AUTOMOBILE INSURANCE LAW

I HEREBY CERTIFY THAT I AM THE REGISTERED OWNER OF THE VEHICLE DESCRIBED HEREIN AND THAT THE INSURANCE COVERAGE ON SAID VEHICLE IS NO LESS THAN THE FOLLOWING MINIMUM AMOUNTS: **$20,000** PROPERTY DAMAGE LIABILITY; **$25,000** AND **$50,000** THIRD PARTY BODILY INJURY LIABILITY FOR EACH PERSON AND FOR ALL PERSONS, RESPECTIVELY, IN ANY ACCIDENT.

Name of Insurance Company:	Vehicle Insurance Policy Number:

Name of person(s) or Company Insured:	Expiration Date:

Registrant's Telephone Numbers: Home: Work:

Name of Lienholder/Financing Institution, if any (Legal Owner) **Address of Lienholder:**

VEHICLE INFORMATION:

License Plate Number:	Year:	Make:	Model:	Body Type:	Fuel:	Color:	Cylinders:

Weight:	Capacity:	Engine Number:	Vehicle Identification Number:

Has this vehicle been modified/changed from original design? (If yes, a notarized affidavit must be furnished.) ☐ Yes ☐ No

Under penalty 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 void should any information be fraudulently provided herein or if any information provided is in error.

Signature of Owner or Authorized Representative	**Date**

*Method of Payment: Cash, check or credit card (Visa & Mastercard only and charges must be made before 4:00 p.m)

FOR OFFICIAL USE ONLY

Market Value:	Registration Fees:	Examined By:	Approved By:
	Transfer Fees:		
	AVF:	License Plate No.:	
	Penalty:	Tag Number:	Tag Expiration:
	Copy of Ownership:		
	Replacement Plates/Tags:	Notes:	
	Miscellaneous:		
	Total:		

(Rev 7/04)