APPLICATION FOR FIRST TIME VEHICLE REGISTRATION
REGISTERING UNDER SOLDIERS' AND SAILORS' CIVIL RELIEF ACT

PRINT

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MOTOR VEHICLE DIVISION
DEPARTMENT OF REVENUE & TAXATION
GOVERNMENT OF GUAM

Clear Form

Applicant (s) Please read carefully: Print or write all entries except signature. Signature (s) must be in ink. Members of the Armed Forces (active duty) applying for initial registration **must apply in person** and exhibit their military identification card, their off-island vehicle registration card and a Guam vehicle inspection checklist. The checklist must indicate that your vehicle passed the safety inspection. Spouse and dependents with a power-of-attorney are not entitled to the benefits enumerated under Title 50 U.S.C. 511, Section 574 of the Soldiers' and Sailors' Civil Relief Act of 1940.

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 INFORMATION

OWNER

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

Mailing Address	Residence Address

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

LIENHOLDER (Legal Holder)

Name of Legal Owner / Financing Inst.	Address of Legal Owner
Assigned to (Branch of Service & Guam Duty Station)	Previous Assignment (Address of Duty Station)
Resident of (State)	Vehicle Presently Registered in :

VEHICLE INFORMATION

License Plate Number	Year	Make	Model	Body Type	Color

Cyl	Weight	Capacity	Fuel	Vehicle Identification Number	Engine No.

Under penalties of perjury, I (We) certify that I am a member of the Armed Forces on Guam by reason of my military assignment and therefore legally entitled to exemption from Guam License and Registration Fees under the Soldier' and Sailers' Civil Relief Act and that all the informations contained in this application to the best of my knowledge and belief, are true, correct and complete.

Signature of owner	Date Signed	Telephone No.

FOR OFFICIAL USE ONLY

/ / APPROVED FOR SSCRA
/ / DISAPPROVED _____

Remarks:

Insp #:	Reg Exp:
License Plate No.	Tag No.
Military Identification No.:	Expires:
Branch of Service:	
Permit Pending:	Permit Expires: