PRINT CLEAR FORM

APPLICATION FOR INITIAL REGISTRATION AND/OR TRANSFER

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DEPARTMENT OF REVENUE AND TAXATION VEHICLE REGISTRATION BRANCH

HOURS OF OPERATION: 8:00 A.M. – 4:00P.M. M-F Tel #: 635-1898

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. Mandatory Proof of Auto Insurance. New Owner/Buyer(s)
4. **A photo copy of applicant's driver's license**.

FOR VEHICLE TRANSFERS:

1. Certificate of Ownership (Title) must be properly endorsed (Please have Title notarized if it is required)
2. **A Photo Copy of Seller's Driver's License and Bill of Sale (Company vehicles require bill of sale on company letterhead)**
3. The most current Vehicle Registration.
4. **Mandatory Proof of Auto Insurance. New Owner/Buyer(s)**
5. 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.

PRIVACY ACT NOTICE: The furnishing of your Social Security Number is required pursuant to Section 7105, 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:	Relationship	Date of Birth
Social Security Number/EIN **Name (Last, First, Middle Initial)**	☐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 / Email 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: Cell: Other:	

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:**

If this vehicle has been modified/changed from original design (Please inquire for additional information)

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).

FOR OFFICIAL USE ONLY

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

(Rev 08/25)