Dipåttamenton Kontribusion yan Adu'ånå

DEPARTMENT OF

REVENUE AND TAXATION

DRIVER'S LICENSE EXAMINATION BRANCH

GUAM DRIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION

APPLICATION INSTRUCTIONS: One application per applicant. Applicant may apply for two transactions on one application. Applicant must be present to process transaction(s). For driver's license transactions, please fill out this application in its entirety. For identification card transactions, fill out Parts 1 through 5, 7, 9 and 10 ONLY.
All documents provided for driver's license and/or identification card transaction(s) must be valid, original, or certified copies. The name of the applicant must match on all documents. The application cannot be processed otherwise. Please see an examiner for a listing of documents needed to process your transaction(s) or visit www.guamtax.com.

PART 1 – TRANSACTION TYPE

1. **I Am Applying For A**: ☐ Driver's License ☐ Identification Card ☐ Both

2. **REAL ID CREDENTIALS**: Only one transaction for a REAL ID credential, not both
   ☐ I do NOT want a REAL ID Credential ☐ REAL ID Driver's License ☐ REAL ID Identification Card
   Are you currently holding a REAL ID Credential in another Jurisdiction? ☐ Yes ☐ No

FOR DRIVER'S LICENSE TRANSACTIONS

3. **Renew Driver's License:** ☐ 3-YR ($25) ☐ 5-YR ($45) ☐ 8-YR ($65)

4. Switch to a Guam Driver's License: ☐ 3-YR ($25) ☐ 5-YR ($45) ☐ 8-YR ($65)

5. ☐ New Intermediate ($10) ☐ Convert from Intermediate to Full Driver's License ($10)
   (Traffic clearance needed when converting to both new intermediate and intermediate to full driver's license)

6. **Replace Driver's License** ($25): ☐ Lost ☐ Stolen ☐ Damaged

7. ☐ **Name Change on Driver's License**
   (Provide Marriage Record, Divorce Decree, or Court-Ordered Name Change)

8. **Schedule Written Test:** ☐ Operator ☐ Chauffeur ☐ Motorcycle

9. **New Endorsement**: ☐ Operator ☐ Chauffeur ☐ Motorcycle ☐ Commercial
   ☐ Tractor-Trailer ☐ Bus ☐ Taxicab ☐ Trike ☐ Mini-Bus

10. **Certificate of Registration** ($25): ☐ Foreign ☐ Domestic

FOR IDENTIFICATION (ID) CARD TRANSACTIONS ($25 Fee for All ID transactions)

11. ☐ New ID Card ☐ Renew ID Card ☐ Replacement ID Card (Lost, Stolen)
    ☐ Name Change ID Card (Must provide Marriage Record, Divorce Decree, or Court-Ordered Name Change)
    ☐ Senior Citizens (65+) Non-Expiring ID (REAL ID Credential unavailable for this option)

PART 2 – PERSONAL INFORMATION

12. **Name**: (First)	(Middle)	(Last)
13. **Phone**:	14. **Email**:	
15. **Mailing Address**:		
16. **Residential Address**:		
17. **Date of Birth**:	18. **Social Security Number**:	
19. **Citizenship**: ☐ U.S.A ☐ Non-Citizen	20. **Birth Country**: ☐ U.S.A. ☐ Other (Specify):	
21. **Birth State**:	22. **Country of Citizenship**: ☐ U.S.A. ☐ Other (Specify):	
23. **Gender**: ☐ Female ☐ Male	24. **Height**: Ft. In.	25. **Weight** (Lbs.):
26. **Hair Color**:	27. **Eye Color**:	

28. **If you have a hearing or speech disability designation, would you like to have it listed as "HSD" on your driver's license and/or identification**? ☐ Yes ☐ No ☐ N/A

29. **Are You a Veteran?** ☐ Yes ☐ No ☐ N/A **Veteran Indicator** ☐ Yes ☐ No	30. **Military Branch:**

31. **Veteran Status** (Optional, but Must Select for Fee Waiver): ☐ Active-Duty ☐ Veteran
☐ Qualified Spouse/Legal Guardian/Surviving Spouse of Veteran

APPLICATION CONTINUED ON THE BACK

Mailing: P.O. Box 23607 Barrigada, Guam 96921 • Physical: 1240 Army Drive Barrigada Guam 96913
Phone: (671) 635-1840 • Fax: (671) 633-2643 • Website: guamtax.com • Email: driverslicense@revtax.guam.gov

PART 3 – VOTER REGISTRATION Register to Vote in Guam (Proof of U.S. Citizenship Required)

32. **Full Name:** _____ **Last four (4) digits of SSN:** _____

By consenting to register to vote or update my registration, I attest that I am a U.S. Citizen, who is at least sixteen (16) years of age, who is a resident of Guam defined in 9 GCA § 9123, who is not confined to a mental institution nor judicially declared insane, and who is not committed under a sentence of imprisonment.

SELECT ONE: ☐ **I CONSENT to register to vote and update my voter registration** ☐ **I DECLINE to register to vote**

Party Affiliation (Optional): _____

If currently registered in another U.S. jurisdiction: County & State: _____

I was registered under (Full Name): _____

APPLICANT SIGNATURE: _____

3 GCA § 3102 (a)(3)(J) Unlawful Registration is a Crime. Any person who willfully causes, procures, or allows himself or herself or any person to be registered as a voter, knowing himself or herself or the other person not be entitled to registration, is guilty of a felony of the third degree.

PART 4 - EMPLOYMENT STATUS

33. **Employment Status**: ☐ Employed ☐ Unemployed ☐ Retired ☐ Student

34. **Employer**:	35.**Occupation**:	36. **Work Number**:

37. PART 5- SELECTIVE SERVICE: For All Male Applicants Between the Ages of 18-25. Select One Option Below

☐	I consent to register with the U.S. Selective Service System as required by federal law and that my personal information necessary for registration may be provided to them.
☐	I decline to register with the U.S. Selective Service System at this time. Refusal to do so will not be a basis for denial of my driver's license or identification card application.

PART 6 – DRIVING INFORMATION

38. ☐ Yes ☐ No	Do you have normal use of your hands and feet? If no, explain:
39. ☐ Yes ☐ No	Do you understand traffic signs and signals? If no, explain:
40. ☐ Yes ☐ No	Have you had a previous license suspended or revoked? If yes, give date, place, and explain:
41. ☐ Yes ☐ No	Have you ever been refused an operator, chauffeur, taxicab or motorcycle license? If yes, explain:
42. ☐ Yes ☐ No	Have you ever been afflicted with a heart condition, epilepsy, paralysis, insanity, or other disability or disease which might affect your driving control? If yes, Explain:
43. ☐ Yes ☐ No	Are you a habitual user of alcohol, addicted to narcotic drugs, or a habitual user of any other type(s) of drug(s)? If yes, Explain:
44. ☐ Yes ☐ No	Have you ever been convicted of or pled guilty to any traffic violation within the last 5 years? If yes, give date, place and list violation(s):

PART 7 – ORGAN DONOR

45. **Organ Donor** (Minors Require Parental Consent): ☐ Yes ☐ No

PART 8 –DESIGNATED DRIVER INFORMATION (Required for First Time Applicants)

46. **Driver Name**:	47. **Relationship to Applicant**:
48. **Driver's License Number**:	49. **Date of Birth**:
50. **Social Security Number**:	51. **Signature**:

52. PART 9 - CERTIFICATION

I certify the information above is true and correct to the best of my knowledge. I understand that submitting false information may make me subject to penalties in accordance with the law, including potential revocation of my driver's license and/or identification card.

Signature: **Date:**

53. PART 10 - PARENT OR LEGAL GUARDIAN AUTHORIZATION (For Minor Applicants)

I (Full Name): _____, certify that I am the

(Select one) ☐ **Mother** ☐ **Father** ☐ **Legal Guardian** of the minor applicant and hereby grant my consent to the Driver's License Examination Branch to administer any and all authorized tests, and to license the applicant to operate a motor vehicle.

Signature: **Date:**

I consent for the applicant to be an organ donor under the Uniform Anatomical Gift Act.	☐ Yes	☐ No

FOR OFFICIAL USE ONLY	Date:	Examiner's Initials:	Vision Results: