Dipåttamenton Kontribusion yan Adu'åná

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 multiple transactions on one application. For driver's license transactions, please fill out this application in its entirety. For identification card transactions, fill out Part 1, 2, and 4 ONLY.

All documents provided for driver's license and/or identification card transaction(s) must be valid, original, or certified copies. Your 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	
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)	
6. Replace Driver's License ($25): ☐ Lost ☐ Stolen ☐ Mutilated	
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 ☐ 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. Employment Status: ☐ Employed ☐ Unemployed ☐ Retired ☐ Student		
29. Employer:	30. Occupation:	31. Work Number:
32. Organ Donor (Minors Require Parental Consent): ☐ Yes ☐ No		
33. 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		
34. Are you a Veteran? ☐ Yes ☐ No ☐ N/A Veteran Indicator: ☐ Yes ☐ No	35. Military Branch:	
36. Veteran Status (Optional, but Must Select for Fee Waiver): ☐ Active-Duty ☐ Veteran ☐ Qualified Spouse/Legal Guardian/Surviving Spouse of Veteran		

PART 3 – DRIVING INFORMATION	
37. ☐ Yes ☐ No	Do you have normal use of your hands and feet? If no, explain:
38. ☐ Yes ☐ No	Do you understand traffic signs and signals? If no, explain:
39. ☐ Yes ☐ No	Have you had a previous license suspended or revoked? If yes, give date, place, and explain:
40. ☐ Yes ☐ No	Have you ever been refused an operator, chauffeur, taxicab or motorcycle license? If yes, explain:
41. ☐ 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:
42. ☐ 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:
43. ☐ 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 4 – SELECTIVE SERVICE & CERTIFICATION	
44.	**SELECTIVE SERVICE**: For all male applicants between the ages of 16-25. Select one option below
☐	I consent to register with the Selective Service System as required by federal law within 30 days of my 18th birthday.
☐	I decline to register 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 fine.

45. DESIGNATED DRIVER INFORMATION (Required for First Time Applicants)	
Driver Name:	Relationship to Applicant:
Driver's License Number:	Date of Birth:
Social Security Number:	Signature:

46. 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:**

47. 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:**

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

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