



Guam Driver's License Application



- **FIRST TIME APPLICANTS** (Applicants who have completed a driver's education course): Complete Parts A & B. Must submit an original social security card and one (1) valid ID listed below.
- **MINORS (Under 18)**: An original or certified copy of the applicant's birth certificate is required and must be accompanied by a parent whose name appears on the birth certificate or a legal guardian (Original or certified copy of legal guardianship is required).
- **RENEWALS**: Complete Part A and submit driver's license. If license is expired, late penalties and/or testing may apply.
- **APPLICANTS SWITCHING FROM A U.S. STATE OR FOREIGN DRIVER'S LICENSE**: Complete Parts A & C. Must provide State or foreign driver's license, social security card and one (1) valid ID listed below. If license is expired, late penalties and/or testing may apply.
- **DRIVER'S LICENSE REPLACEMENT**: Complete Part A. Must provide one (1) valid ID listed below.
- **NAME CHANGE ON DRIVER'S LICENSE**: Complete Part A. You must submit your driver's license and an original or certified copy of one of the following: marriage certificate, final divorce decree (name must be stipulated), court ordered name change, or final adoption decree.
- **VALID (NOT EXPIRED) ID TYPES**: Guam ID, State issued ID, U.S. Military ID (Active, Retiree, or Dependent ONLY), U.S. Passport, Foreign Passport, Alien registration, Naturalization certification, or Firearms ID.

PART A Guam Driver's License No: _____ License Expiration: _____

Driver's License Option: 5 yr. Driver's License (\$45) 3 yr. Driver's License (\$25) Replacement Driver's License (\$25)

Schedule Written Test (Please select class type below) Convert Intermediate to Full License (\$10)

Class Type:

Operator Chauffeur Taxi (\$32) Taxi ID Card (\$25) Motorcycle

Name: (Last) _____ (First) _____ (Middle) _____ Social Security No: _____

Date of Birth: _____ Home Ph: _____ Cell Ph: _____ E-mail: _____

Mailing Address: _____

Residential Address: _____

Sex	Height	Weight	Eye Color	Hair Color	Previous License (State or Country)	Restrictions

Job Title: _____ Company: _____ Work Ph: _____

Citizenship (Check One): U.S.A. FSM (Which State?): _____ Belau Other: _____

INSTRUCTIONS: For the questions listed below, please select "yes" or "no".

Yes	No	Question
		1) ORGAN DONOR? Applicants under the age of eighteen (18) years of age must have parental consent to be an organ donor under the Uniform Anatomical Gift Act (Organ Donor Act of 1998 P.L. 24-249). Please see parental consent below.
		2) Do you have normal use of your hands and feet? IF NO , explain:
		3) Do you understand traffic signs and signals? IF NO , explain:
		4) Have you had a previous license suspended or revoked? IF YES , give date, place and explain:
		5) Have you ever been refused an operator, chauffeur, taxicab or motorcycle license? IF YES , give date, place, and explain:
		6) Have you ever been afflicted with epilepsy, insanity, paralysis, heart condition, diabetes, or other disability which might affect your driving control or ability? IF YES , explain:
		7) Are you a habitual drunkard or addicted to narcotic drugs or a habitual user of any other type(s) of drug(s)? IF YES , explain:
		8) 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):

In compliance with P.L. 27-82 as it pertains to the U.S. Selective Service System, the following is asked of every male applicant, if applicable:

[] 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.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT I AM THE SAME PERSON DESCRIBED ON THIS APPLICATION. SIGNATURE: _____ DATE: _____

(FOR OFFICIAL USE ONLY)	Date W/T Taken & Result: _____	EXAM. INIT: _____	VISION RESULTS: _____

PART B

Designated Drivers	License No.	Social Security No.	Date of Birth	Signature

THE PARENT OR LEGAL GUARDIAN AUTHORIZATION MUST BE FILLED OUT FOR MINORS

I, _____, do hereby certify that I am the **Mother, Father, or Legal Guardian** (Circle one) of the applicant, who is a minor, and that all the information provided is true and correct to the best of my knowledge. I also hereby grant my consent to the Driver's License Branch to administer any and all authorized tests and to license the applicant to operate a motor vehicle on the highway.

I, _____, also give my consent for the applicant to be an organ donor under the Uniform Anatomical Gift Act.

SIGNATURE OF PARENT OR LEGAL GUARDIAN OF MINOR: _____ Date: _____

PART C DRIVER'S LICENSE SURRENDER FORM

Previous State or Foreign Country: _____ Driver's License No.: _____ Exp. Date: _____

Under Guam's One License Law, I hereby allow my _____ driver's license to be surrendered.

I declare under penalty of perjury that all information on this form is true and I understand that any misstatement of material facts may cause the cancellation or denial of my Guam driver's license under Title 16 Guam Code Annotated Chapter 3 Section 3101(i).

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF DRIVER'S LICENSE REPRESENTATIVE: _____ DATE: _____