



Dipårtamenton Kontribusion yan Adu'ána

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](http://www.guamtax.com).

### PART 1 – TRANSACTION TYPE

1. I Am Applying For A:			<input type="checkbox"/> Driver's License	<input type="checkbox"/> Identification Card	<input type="checkbox"/> Both
2. REAL ID CREDENTIALS: Only one transaction for a REAL ID credential, not both					
<input type="checkbox"/> I do NOT want a REAL ID Credential					
<input type="checkbox"/> REAL ID Driver's License					
<input type="checkbox"/> REAL ID Identification Card					
Are you currently holding a REAL ID Credential in another Jurisdiction?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
FOR DRIVER'S LICENSE TRANSACTIONS					
3. Renew Driver's License:			4. Switch to a Guam Driver's License:		
<input type="checkbox"/> 3-YR (\$25)			<input type="checkbox"/> 3-YR (\$25)		
<input type="checkbox"/> 5-YR (\$45)			<input type="checkbox"/> 5-YR (\$45)		
<input type="checkbox"/> 8-YR (\$65)			<input type="checkbox"/> 8-YR (\$65)		
5. <input type="checkbox"/> New Intermediate (\$10)					
<input type="checkbox"/> 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):					
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged					
7. <input type="checkbox"/> Name Change on Driver's License					
(Provide Marriage Record, Divorce Decree, or Court-Ordered Name Change)					
8. Schedule Written Test:					
<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Motorcycle					
9. New Endorsement:					
<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Motorcycle <input type="checkbox"/> Commercial					
<input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Taxicab <input type="checkbox"/> Trike <input type="checkbox"/> Mini-Bus					
10. Certificate of Registration (\$25):					
<input type="checkbox"/> Foreign <input type="checkbox"/> Domestic					
FOR IDENTIFICATION (ID) CARD TRANSACTIONS (\$25 Fee for All ID transactions)					
11. <input type="checkbox"/> New ID Card					
<input type="checkbox"/> Renew ID Card					
<input type="checkbox"/> Replacement ID Card (Lost, Stolen)					
<input type="checkbox"/> Name Change ID Card (Must provide Marriage Record, Divorce Decree, or Court-Ordered Name Change)					
<input type="checkbox"/> 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:			20. Birth Country:			
<input type="checkbox"/> U.S.A <input type="checkbox"/> Non-Citizen			<input type="checkbox"/> U.S.A. <input type="checkbox"/> Other (Specify):			
21. Birth State:			22. Country of Citizenship: <input type="checkbox"/> U.S.A. <input type="checkbox"/> Other (Specify):			
23. Gender: <input type="checkbox"/> Female <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
29. Are You a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				30. Military Branch:		
Veteran Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No						
31. Veteran Status (Optional, but Must Select for Fee Waiver): <input type="checkbox"/> Active-Duty <input type="checkbox"/> Veteran						
<input type="checkbox"/> Qualified Spouse/Legal Guardian/Surviving Spouse of Veteran						

APPLICATION CONTINUED ON THE BACK

**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: \_\_\_\_\_