Dipåttamenton Kontribusion yan Adu'ånå

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM   **Gubetnamenton Guåhan**

FELIX P. CAMACHO, Governor Maga'låhi
MICHAELW. CRUZ, M.D., Lt. Governor Tiñente Gubetnadora

ARTEMIO B. ILAGAN, Director
Direktot
JOHN P. CAMACHO, Deputy Director
Segundo Direktot

Hafa Adai:

Download the application form to request for your **Guam Driver's License Certification:**

1. You must complete the application for Guam Driver's License Certification.

2. You must enclose a copy of your **Guam Driver's License** or a copy of one of the following valid IDs: **Passport, Stateside ID, Guam ID, or Military ID.**

3. Make check or money order payable to the **Treasurer of Guam. (PLEASE DO NOT SEND CASH) (Please see Driver's License Fee Schedule below for payment amount)**

4. Mail your payment and the following documents: **Application**, **Copy of one of the following valid IDs**: (*Driver's License, Passport, Military ID, or Guam or Stateside ID*) to:

<div align="center">

Department of Revenue and Taxation
ATTN: MOTOR VEHICLE DIVISION
P.O. Box 23607
Barrigada, Guam   96921

</div>

If you have any questions and /or need additional information, please call 671-635-1761/1762.

Driver's License Fee Schedule	
Certification fee	**$10.00**
Cost of Mailing (Postage fee is subject to adjustment for additional fees of the US Postal Service)	**$3.00**
No postage fee is required if certification is to be faxed or picked up.	

APPLICATION FOR GUAM DRIVER'S LICENSE CERTIFICATION
MOTOR VEHICLE DIVISION
DRIVER'S LICENSE BRANCH

License Type: (Check One)   ☐ **Operator**
                                  ☐ **Chauffeur**
                                  ☐ **Motorcycle**
                                  ☐ **Taxicab**

Name: Last_____**First**_____**Middle**_____

Social Security Number:_____**Date of Birth:**_____

Mailing Address:_____

City:_____**State:**_____**Zip Code:**_____

I declare under penalty of perjury that the foregoing is true and correct and that I am the same person as herein above described.

_____   _____
SIGNATURE   **DATE**

[   ] Please fax to: _____
             (Attn to:, Phone number and Name of state or country)

[   ] For Pick-up by: _____
             (Name of Individual and Contact Number)

[   ] Send to: _____
             (Complete Mailing Address)

FOR OFFICE USE ONLY DO NOT WRITE IN THIS BOX

NAME ON FILE:_____DL #_____

ISSUE DATE:_____LICENSE TYPE:_____

EXPIRATION DATE:_____ADDRESS ON FILE:_____

ORIGINAL ISSUE DATE:_____EXAMINER SIGNATURE_____