



Dipårtamenton Kontribusiyan Adu'aña

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

LOURDES A LEON GUERRERO, Governor Maga'hága
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'láhi

DAFNE M SHIMIZU, Director
Direktot
MICHELLE B. SANTOS, Deputy Director
Segundo Direktot

INSTRUCTIONS FOR TEMPORARY ON-ISLAND MAIL-IN RENEWAL APPLICATION
FOR NON-REAL ID DRIVER'S LICENSES ONLY
2020.08.12

Due to the current public health emergency resulting from the novel coronavirus, DRT is temporarily allowing for mail-in renewals for NON-REAL ID Driver's Licenses. This is for mail-in renewals for Guam residents only. Please note: **This is a NON-REAL ID credential.** REAL ID compliant Driver's License credentials are issued via in-office visits only.

Instructions: Please download and print the following application. To prevent any delay, please ensure that all requirements listed below are met and the proper form of payment is enclosed with your application.

****Renewal:** Licensee may renew ninety (90) days prior to expiration date.

IMPORTANT: If the Guam driver's license is expired for a period of one (1) year or more, a written examination is required. The applicant must be present to schedule for the written test.

****Converting Intermediate to a Full License:** Applicant must have held their Intermediate Driver's License for twelve (12) months from the issue date and not have had any traffic violations throughout the duration of holding the license. Any holder who has violated any of the provisions of this Act shall not advance to the next stage of licensure for an additional period of six (6) months. If the expiration of the Intermediate License exceeds one (1) year, a written examination is required and must schedule an appointment online. The applicant must have a traffic clearance from the Superior Court of Guam.

REQUIREMENTS: Please enclose the following documents with your application

1) CLEAR COPY of your Guam Driver's License or one of the following valid (not expired) photo identifications:

- Passport (U.S. or Foreign)
- Military I.D. (Active, Retiree, Dependent ONLY)
- Guam I.D.
- Stateside I.D.

IMPORTANT: Facial features and information on the photo identification must be clear and legible.

2) Complete and **NOTARIZED** driver's license application below

3) Signature specimen SIGNED IN BLACK INK ONLY

4) Two (2) U.S. Passport sized (2x2) color photos (Must be taken with a plain white background) (PLEASE DO NOT STAPLE PHOTOS TO APPLICATION)

5) Eye Specialist Certification

(For renewals and Converting Intermediate Guam Driver's License to a Full Guam Driver's License)

6) Traffic clearance from the Superior Court of Guam. Clearances are valid for 30 days. **(For Converting Intermediate to Full license holders only.)**

7) **ACTIVE DUTY IN THE ARMED FORCES WITH AN EXPIRED GUAM DRIVER'S LICENSE:** (To waive any late fees or testing) Must provide a clear copy of military I.D. (front and back) and military orders showing the date you were stationed or deployed out of Guam when your Guam driver's license expired. Your renewal fee will be waived; however, the postage fee still applies. (THIS WAIVER DOES NOT APPLY TO SPOUSE OR DEPENDENTS) **NOTE: This waiver is only for renewals, not replacements Veterans, please see #3 on the application.**

8) **APPLICANT WITH A NAME CHANGE:** Must submit an original or certified copy of the following documents that apply: Marriage certificate, divorce decree (name must be stipulated), naturalization certificate, or court order name change. *All original documents will be returned.*



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9) **PAYMENT:** Personalized check, U.S. money order, or U.S. cashier's check payable to: **TREASURER OF GUAM**

IMPORTANT: DO NOT SEND CASH, FOREIGN MONEY ORDER, OR FOREIGN CASHIER CHECK.

Driver's License Fee Schedule	Total Fee															
Replacement/Converting Intermediate to Full License- \$10.00 + \$3 Postage Fee	\$13.00															
3-Year Driver's License- \$25.00 + \$3.00 Postage fee	\$28.00															
5-Year Driver's License- \$45.00 + \$3.00 Postage fee	\$48.00															
Replacement Fee For All Classes- \$25.00 + \$3.00 Postage fee	\$28.00															
<p>Late Penalties - \$5.00 for every three months for a maximum of \$40.00. The penalty will be in <u>addition to the renewal fee.</u> For example: An applicant's Driver's License expires on January 2 and the applicant applies for a 3-year driver's license renewal between the following dates:</p> <table border="1"> <thead> <tr> <th></th> <th>Penalty</th> <th>Total Fee Due</th> </tr> </thead> <tbody> <tr> <td>January 3 to April 2.....</td> <td>\$ 5.00</td> <td>\$ 25.00 (\$20 +5)</td> </tr> <tr> <td>April 3 to July 2.....</td> <td>\$ 10.00</td> <td>\$ 30.00 (\$20 +10)</td> </tr> <tr> <td>July 3 to October 2.....</td> <td>\$ 15.00</td> <td>\$ 35.00 (\$20 +15)</td> </tr> <tr> <td>October 3 to January 2 of the following year.....</td> <td>\$ 20.00</td> <td>\$ 40.00 (\$20 +20)</td> </tr> </tbody> </table> <p>NOTICE: Late penalty fees are determined as per post-marked date. **LATE FEES APPLY TO THOSE EXPIRED PRIOR TO MARCH 14, 2020**</p>			Penalty	Total Fee Due	January 3 to April 2.....	\$ 5.00	\$ 25.00 (\$20 +5)	April 3 to July 2.....	\$ 10.00	\$ 30.00 (\$20 +10)	July 3 to October 2.....	\$ 15.00	\$ 35.00 (\$20 +15)	October 3 to January 2 of the following year.....	\$ 20.00	\$ 40.00 (\$20 +20)
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Minimum Vision Requirements

1. **Color identification or the ability to identify the distinctive traffic control colors**
 - a. Able to distinguish between red, amber, and green in any traffic signal application
2. **Depth perception or the ability to judge distances**
 - a. Able to answer without hesitation questions concerning the relative positions or signs or other objects in illustration
3. **Peripheral vision or the horizontal visual field**
 - a. Able to see a field of at least 140o of horizontal vision or a total field of 70o, if only one eye has vision.
4. **Monocular visual acuity (Applicant is able to see with only one eye)**
 - a. *Without corrective lenses*
 - i. At least 20/40 vision
 - ii. Restriction: Outside mirror must be installed on the vehicle which the person operates on the side corresponding to the eye with no vision which provides a clear view to the side and rear of the vehicle
 - b. *With corrective lenses*
 - i. At least 20/40 vision
 - ii. Restriction: Outside mirror must be installed on the vehicle which the person operates on the side corresponding to the eye with no vision which provides a clear view to the side and rear of the vehicle, and corrective lenses must be worn while driving
5. **Coordinate use of both eyes in binocular vision (Applicant able to see with both eyes)**
 - a. *Without corrective lenses*
 - i. At least 20/40 vision in each eye
 1. Restriction: None
 - ii. At least 20/40 vision in one eye, but less than 20/40 vision in the other eye
 1. Restriction: Outside rear view mirror must be installed on the vehicle which the person operates on the side corresponding to his/her weaker vision, which provides a clear view to the side and rear of the vehicle
 - b. *With corrective lenses*
 - i. At least 20/40 vision in each eye
 1. Restriction: Corrective lens must be worn while driving
 - ii. At least 20/40 vision in one eye, but less than 20/40 vision in the other eye
 1. Restriction: Corrective lenses must be worn while driving and an outside mirror must be installed on the vehicle which the person operates on the side corresponding to his/her weaker vision, which provides a clear view to the side and rear of the vehicle



GUAM DRIVER'S LICENSE TEMPORARY MAIL-IN RENEWALS FOR NON REAL ID DRIVER'S LICENSES ONLY



APPLICATION INSTRUCTIONS: Please read and complete all necessary fields. Read the instructions page thoroughly to ensure you have the proper documents.

IMPORTANT NOTICE:

- All copies of identification provided must be CLEAR and legible.
- Mail-in services do not apply to minors (under the age of 18) and must be scheduled online to see an examiner.
- VETERAN:** To claim VETERAN status, submit one (1) of the following documents: Certification of Veteran Status issued by the Guam Veterans Affairs Office, DD-214 Form (must be honorably discharged), DD-2 Form, DD-1173 Form, DD-2765 Form, Common Access Card (CAC), or Veteran Card (card must have VA#, issue and expiration date). Waiver of Motor Vehicle DL fees for Veterans and extended beneficiaries must meet requirements stated under Title 16, Chapter 3 Section 3102.1, Guam Code Annotated.

GUAM DL SERVICE:

- Renew Guam DL (3yr)-\$28 Convert Intermediate to Full DL-\$13 (must provide traffic clearance. Clearances are valid for 30 days)
- Renew Guam DL (5yr)-\$48

PART 1 - PERSONAL INFORMATION				APPLICATION DATE:	
Name: First		Middle		Last	
Home Phone:		Cell Phone:		E-Mail:	
Residential Address:			Mailing Address: <input type="checkbox"/> Same as Residential Address		
Citizenship Status: <input type="checkbox"/> USA <input type="checkbox"/> NON-USA		Birth Country: <input type="checkbox"/> USA <input type="checkbox"/> OTHER:		Birth State:	
Country of Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> OTHER:		Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Date of Birth:	
Hair Color:		Eye Color:		Social Security Number:	
Height: FT IN		Weight: LBS		Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Retired (Federal/Local) <input type="checkbox"/> Student	
Organ Donor: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If minor, parent consent required.</i>		Employer:		Occupation:	
Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Retired (Federal/Local) <input type="checkbox"/> Student		Work No:		Hearing/Speech Disability (HSD) Option: <i>Guam P.L. No.30-98, any resident of Guam who is a deaf, hearing impaired or speech-impaired person may apply to have the notation "HSP" placed on the person's DL.</i>	
HSD Option: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		VETERAN STATUS- (OPTIONAL: Select ONE, if applicable) VETERAN Indicator: <input type="checkbox"/> YES <input type="checkbox"/> NO		Military Branch:	
Active Duty Military		Veteran		Spouse/Legal Guardian/Surviving Spouse qualified under P.L 33-96	
Gold Star Recipient					

PART 2 - DRIVING INFORMATION		
YES	NO	INSTRUCTIONS: For the questions listed below, please select "YES" or "NO"
		Do you have normal use of your hands and feet? If NO, Explain:
		Do you understand traffic signs and signals? If NO, Explain:
		Have you had a previous license suspended or revoked? If YES, give date, place and explain:
		Have you ever been refused an operator, chauffeur, taxicab or motorcycle license? If YES, give date, place and explain:
		Have you ever been afflicted with epilepsy, insanity, paralysis, heart condition, diabetes, or other disability which might affect your driving control? If YES, Explain:
		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:
		Have you ever been convicted of or pled guilty of any traffic violation within the last 5 years? If YES, give date, place and list violation(s):

SELECTIVE SERVICE: FOR MALE APPLICANTS BETWEEN THE AGES OF 16 - 25.: In compliance with P.L. No. 27-82 as it pertains to the U.S. Selective Service System, the following is asked of every male applicant. If applicable, 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.

MOTOR VOTER: Eligibility to Register to Vote in Guam: 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. I decline to register. I am currently registered to vote and would like to update by registration.

I was registered under the Full Name: _____ County & State of Previous Registration (if currently registered in another US Jurisdiction): _____

3 GCA § 3102(a)(3)(J) Unlawful Registration is a Crime. A 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. **APPLICANT SIGNATURE:**

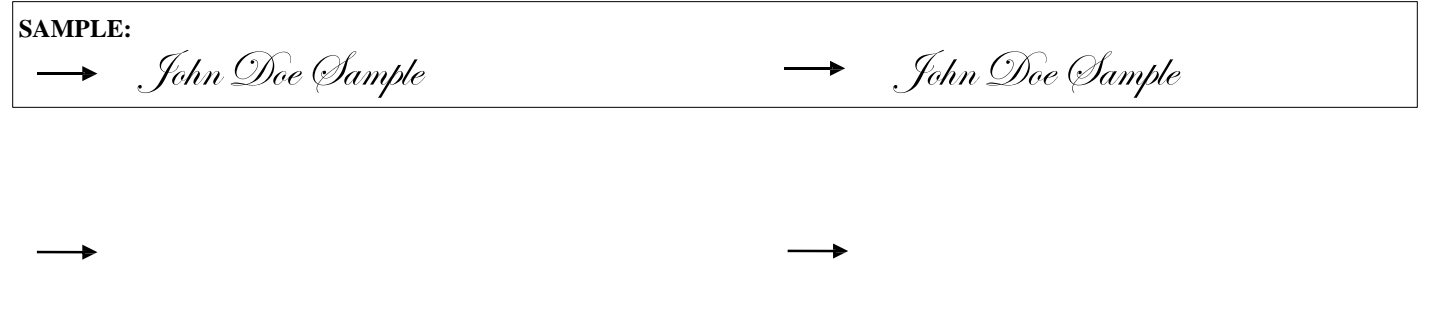
PART 3 - DISCLAIMER

I declare under penalty of perjury, that all information contained in this application and any accompanying document is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of my driver's license and/or photo identification card.

APPLICANT SIGNATURE: _____ DATE: _____

SIGNATURE SPECIMEN SIGNED IN BLACK INK ONLY BELOW

NOTE: To ensure better imaging results, please begin writing your signature half an inch away from the arrow. See sample below.



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: _____

Subscribed and sworn to before me this _____ day of _____ Notary Public _____



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Driver's Vision Screening	Department of Revenue and Taxation Driver's License Examination Branch		Date:
Name	(Last)	(First)	(Middle)
Mailing Address			
Date of Birth:		Guam Driver's License Number:	

In accordance with the Rules and Regulations of the Office of the Highway Safety Coordinator, the above named applicant is being required to consult an eye specialist for a visual evaluation relating to the issuance of a driver's license.

Visual Acuity Without Corrective Lenses			Visual Acuity With Corrective Lenses		
Right Eye	20/		Right Eye	20/	
Left Eye	20/		Left Eye	20/	
Both Eyes	20/		Both Eyes	20/	
Perimeter			Perimeter		
Depth Perception			Depth Perception		

Examiner:

REPORT OF VISION SPECIALIST

Without Corrective Lenses			With Corrective Lenses (If any)			Best Possible Correction		
Right Eye	20/		Right Eye	20/		Right Eye	20/	
Left Eye	20/		Left Eye	20/		Left Eye	20/	
Both Eyes	20/		Both Eyes	20/		Both Eyes	20/	

	Yes	No
The applicant passes the State minimum visual requirements to operate a motor vehicle without any visual restriction?		
Applicant has been issued a new glasses / contacts?*		

*If no, the applicant is restricted to driving:

With glasses With Outside Mirror Only during daytime Other**

** Please specify: _____

Eye Specialist Certification

I, _____, am licensed to practice _____ in _____ (State). I certify that I have personally examined the eyes of the above named, that a true record of his examination appears above and that he/she signed below in my presence.

Signature of Eye Specialist _____ Date: _____

Business Address _____ Phone No. _____

Applicant's Release

I hereby authorize the doctor, whose signature appears above, to release his findings to the Driver's License Branch for the sole purpose of making a final determination on my application for a driver's license. I also understand that if corrective lenses are required, I will be unable to secure my driver's license until I have received my corrective lenses.

Signature of Applicant _____ Date _____