APPLICATION FOR REPLACEMENT OF THE SECONDARY APPLICATION FOR REPLACEMENT OF THE SECONDARY APPLICATION, LICENSE PLATE(S), OR, TAG

Department of Revenue and Taxation Vehicle Registration Branch Hours of Operation: 8:00a.m. – 5:00p.m. M-F

The Registered Owner (s) must sign affidavit. If application is to be signed by other than the registered owner, a Power-of-Attorney in connection with this appointment must be furnished and attached hereto.

Registered owner must present an Identification Card with photo (Driver's License, Passport, Nat. Certificate, Guam I.D. and Green Card) together with this application.

IMPORTANT NOTICE FOR CERTIFICATE OF OWNERSHIP (Title): Vehicles must be titled in Guam. For all U.S. or Foreign Certificate of Ownership (Title) please request a duplicate copy of Certificate of Ownership (Title) from the respective state/country was last issued.

Ownership (Title) from t	ne respective state	acountry was last issued	u.	
I/We		request a copy/replacement of:		
() Certificate of Owne	ership (Title) () Vehicle Registration	License Plate(s)	() Validation Tag
() Proper ID () Lien Satisfaction (Orig () Vehicle Registration () Power-of-Attorney (co () Lost property Certific () Surrender License Pla () DD214 (Honorable D	opies provided must ha ation (Guam Police I ate(s)	ave Original Certification)		
() APPROVED		() DISAPPRO	OVED	
Registered Owner:				
Lien Holder (Legal Own	er):			
License Plt.#	Year:	Make:	Model:	
Body Type:	Cyl:	Engine #:		
Vehicle Identification Nu	ımber (VIN):			
Reason: (Furnish comple	ete detail):			
Under penalties of perjury, I (are true, correct and complete declared null and void should	. Furthermore, I here	by agree that the issuance of	f any document(s) as a result	of this application shall be
Signature of Registered (Owner(s)	Date	Telephone Nu	mber
BY:				
Give title when signing f	or Corp., Joint Ve	nture, etc. (Corporate o	fficers or authorized rep	resentatives). (Rev5/07)