

_	Last Name	First					Middle					
ıtion												
rms	Date of Birth (MM/DD/YYYY)			Social Security Number								
Info	//									<u> </u>		
Applicant Information	maining / Marious											
ppli	City			State		ZIP Co	ode					
٩												
nen	I (print) request the gender designation on my											
tateı	instruction permit, driver license, or nondriver ID to read (Select One) Male Female											
S uc	I hereby swear, under the penalty of perjury, that this request to change the gender designation on my instruction											
natio	permit, driver license, or nondriver ID is for the purpose of accurately reflecting my gender identity and is not for any											
esig	fraudulent or other unlawful purpose.											
Gender Designation Statement	Applicant's Signature Printed Name											
end	Date (MM/DD/YYYY)/ /											
O												
	Provider Signature Provider Printed Nar			ne				Date (MM/DD/YYYY)				
							//					
	Office Mailing Address											
	City						State		ZIP Co	ode		
L	I am a licensed:											
vide	☐ Physician ☐ Therapist or Counselor ☐ Social Worker											
Social Service Provider	☐ Other (please describe)											
vice	Provider Organization or Professional License Number and State											
Ser												
ocial	Phone Number Fax Number											
or Sc	(()				-				
	Are you a medical or social service provider for this patient? ☐ Yes ☐ No											
Medical												
	In my professional opinion, the applicant's gender identity is (Select One) \square Male \square Female											
	and can reasonably be expected to continue as such in the foreseeable future.											
	I hereby certify, under the penalty of perju	ury that the forego	pregoing information is true and correct.									
	Provider's Signature Printed Name											
			1 111110	u Hailie								
	Date (MM/DD/YYYY)//											

This form must be completed and taken to a license office for processing.

Form 5532 (Revised 12-2022)

