



Missouri Department of Revenue  
**Gender Designation Change Request Form**

Applicant Information	Last Name		First		Middle	
	Date of Birth (MM/DD/YYYY) ____/____/____			Social Security Number		
	Mailing Address					
	City				State	ZIP Code

Gender Designation Statement	I _____ (print) request the gender designation on my instruction permit, driver license, or nondriver license to read (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female					
	I hereby swear, under the penalty of perjury, that this request to change the gender designation on my instruction permit, driver license, or nondriver license is for the purpose of accurately reflecting my gender identity and is not for any fraudulent or other unlawful purpose.					
	Applicant's Signature _____			Printed Name _____		
Date (MM/DD/YYYY) ____/____/____						

Medical or Social Service Provider	Provider Signature		Provider Printed Name		Date (MM/DD/YYYY) ____/____/____	
	Office Mailing Address					
	City				State	ZIP Code
	I am a licensed: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist or Counselor <input type="checkbox"/> Social Worker <input type="checkbox"/> Other (please describe) _____					
	Provider Organization or Professional License Number and State					
	Phone Number (____) _____-____			Fax Number (____) _____-____		

Are you a medical or social service provider for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No					
In my professional opinion, the applicant's gender identity is (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female and can reasonably be expected to continue as such in the foreseeable future.					
I hereby certify, under the penalty of perjury that the foregoing information is true and correct.					
Provider's Signature _____			Printed Name _____		
Date (MM/DD/YYYY) ____/____/____					

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

Form 5532 (Revised 11-2016)

Driver License Bureau  
 Phone: (573) 526-2407

E-mail: [DLBMail@dor.mo.gov](mailto:DLBMail@dor.mo.gov)

Visit <http://dor.mo.gov>  
 for additional information.

