



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) Male 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? Yes No

In my professional opinion, the applicant's gender identity is (Select One) Male 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.

