



American Association of  
Motor Vehicle Administrators

# Documentation Guide License Gender ID Card Designation PROCEDURES



## Resource Guide on Gender Designation on Driver's Licenses and Identification Cards



September 2016



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## Chapter One Introduction

Jurisdictions across the United States and Canada have a range of policies and procedures for serving customers who seek to change the gender designation on a driver's license or identification card (DL/ID). The policies vary in the language used, the documentation required, and the procedure for requesting a change. In recent years, member jurisdictions have contacted the American Association

of Motor Vehicle Administrators (AAMVA) to gain insight into how other jurisdictions handle this service. Thus, the concept of creating a resource guide on gender designation changes on DL/ID was formed, and the Gender Designation Working Group (GDWG) was created. What follows is a resource guide summarizing jurisdictions' policies and procedures.

## Chapter Two Trends of Driver's License Gender Change Policies

The general trend in recent years is jurisdictions replacing requirements to submit proof of surgical treatment with standards that focus on the gender in which individuals live in their daily lives, as affirmed by a medical provider, mental health provider, or social worker. A second modernization trend is

simplified forms applicants must complete in lieu of a letter from a provider. The form approach streamlines the process for both applicants and State Driver License Agency (SDLA) staff, saving time and money, and reduces the jurisdiction's liability in holding customers' private medical information.

## Chapter Three Key Features of Jurisdictional Gender Designation Change Policies

Key features of gender change procedures in jurisdictions that have recently updated their approach to permit changing the gender designation on a government-issued DL/ID include the following:

1. An easy-to-understand gender designation change form submitted by the applicant
2. No requirement of surgery or other specified treatment
3. No requirement of a court order or amended birth certificate
4. Attestation of the gender identity of the applicant which can be signed by one of a variety of licensed providers
5. Acceptance of an updated passport, birth certificate, or identification card issued by another government agency as an alternative to the provider certification
6. Guidance and sensitivity training for agency personnel on protecting private information relating to gender changes

It is useful to note that there are many types of licensed providers who are qualified to provide treatment to, and are in a position to evaluate the

gender identity of, transgender individuals. The expansion of this field of expertise has offered jurisdictions a broader range of licensed health care providers who may certify an applicant's gender designation. The licensing of each type of provider ensures the integrity of provider certifications of gender change and ensures all certifying providers are professionally and legally accountable for the information they submit. Jurisdictions considering changes to their guidance, materials, or training have found it helpful to meet with their medical advisory boards and outside interest groups for additional insight. Types of medical providers that have been recognized in this field include:


- Physician
- Physician assistant
- Psychologist
- Nurse practitioner
- Clinical social worker
- Marriage family therapist
- Psychiatric social worker
- Social worker

## Chapter Four Conclusion


The working group has recommended providing this resource guide on the range of approaches jurisdictions use when serving customers who apply to make a gender designation change on government-issued DL/IDs. The reference table is followed by examples of policies that have been modified in recent years.

Examples of simplified gender designation change forms are included as an appendix to the resource guide. The use of the provider certification form assures validity because it documents the provider's license, streamlines the process, and reduces the risk of disclosure of personal information and medical records.

# Appendix A Examples of Jurisdictional Gender Designation Change Forms



## Gender Designation Form



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**PART ONE: TO BE COMPLETED BY APPLICANT**

Last Name	First Name	Middle Name	Social Security Number
Street Address	City/State	Zip Code	License/Identification Number
Washington, D.C.			

I, \_\_\_\_\_ wish to designation the gender on my  
(print name)

driver's license or identification card to read: circle one: **Male** **Female**

I hereby certify under penalty of law that this request for gender designation is for the purpose of ensuring my driver's license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE AUTHORITY**

Provider Last Name	Provider First Name	Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City	State	Zip Code
Provider Phone	Provider E-mail	Provider Organization or Professional License Number	

I am a:

- Physician
- Licensed therapist or counselor
- Case worker or social worker
- Other. Please specify: \_\_\_\_\_

In my professional opinion, the applicant's gender identity is (circle one): **Male** **Female** and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D>C. Official Code §22-2405).

To report waste, fraud and abuse by any DC Government agency or official, call the DC Inspector General at 1-800-521-1639. Ver. 11/2006





## **GENDER DESIGNATION ON A LICENSE OR IDENTIFICATION CARD**

### **PROCEDURE FOR CHANGING GENDER DESIGNATION ON DRIVER'S LICENSE OR IDENTIFICATION CARD**

Applicants requesting a change of the gender designation on their driver's license or identification card from that showing on their identity proof documents must:

- Surrender any current state-issued license or identification card;
- Submit a completed Gender Designation form; and
- Pay applicable fees for new or amended license. The applicant shall have a new photograph taken.

Employees shall not request additional gender-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

Until the Department of Motor Vehicles is able to provide all employees comprehensive training on this procedure, gender designation applications should be directed to DMV service center managers.

### **PRIVACY OF INFORMATION RELATING TO GENDER DESIGNATION**

The Gender Designation form contains private medical information and will be kept confidential and protected under the provisions of the Driver Privacy Protection Act.

### **MATCHING GENDER DATA FROM OTHER SOURCES**

DMV will change the gender designation on an applicant's license or identification card contingent on the submission of the fully and accurately completed Gender Designation form. The applicant is not required to have changed his or her gender designation on other forms of identification.

### **CHANGE OF NAME**

Name changes related to gender are completed via submission of appropriate court documents and must also be reflected on the Social Security card.

DMV. Ver. 11/2006



## Medical Information Authorization (Change of Sex Identification)

Name	DL/ID Number	Date
Address	City	ZIP
Previous Name (if name change is concurrent)		

### To Be Completed By Licensed Colorado Physician

Physician (Please print)	Colorado Medical License Number
--------------------------	---------------------------------

Based on the patient's gender identity and full time gender role expression, or on prior completion of medical sex reassignment, my professional opinion is that the person's gender is:

Male                       Female

A complete examination form for this person is on file in my office at:

Address	City	ZIP
Signature of Physician		Date

**Attention Physician:** please return this form to the subject for inclusion with their driver's license or identification card application.

### To Be Completed by Applicant

I hereby authorize my physician to answer the above questions and submit information to the Division of Motor Vehicles, relating to my gender identification, for the purpose of obtaining a driver's license or identification card under my preferred gender.

I understand that information received by the Division will be held in strict confidence per Colorado Revised Statute 42-2-121 and the federal Driver's Privacy Protection Act, Section 2721.

By signing below, I hereby affirm under the penalty of second degree perjury CRS 18-8-503(1) that the information provided above is my own and the above statements are true. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue, punishable by fines, incarceration, and/or loss of driving privileges or identification card.

Signed	Date
--------	------

**GENDER DESIGNATION  
CHANGE FORM**  
B-372 New 10-2013

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
On The Web At ct.gov/dmv



The DMV can only accept original forms with original signatures. Photocopies and faxes are not acceptable. You must surrender the existing driver's license or ID Card that is to be amended.

**PART 1: TO BE COMPLETED BY APPLICANT (Name on current Driver's License/ID or Identity documents)**

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER		
STREET ADDRESS			CITY/TOWN	ZIP CODE	DRIVER'S LICENSE/ID NUMBER

Gender Designation Statement:

I, \_\_\_\_\_ wish the gender designation on my  
(print name from above)

Driver's License/ID Card to read (circle one):   **MALE**    **FEMALE**

**I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.**

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

**PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER**

LAST NAME	FIRST NAME	TITLE	
PROVIDER'S ORGANIZATIONAL NAME (If applicable)			
PROVIDER'S STREET ADDRESS	CITY	STATE	ZIP CODE
PROVIDER'S TELEPHONE NUMBER	PROVIDER'S E-MAIL	PROVIDER'S PROFESSIONAL LICENSE NUMBER AND STATE	

I am licensed as a:     **PHYSICIAN**     **THERAPIST OR COUNSELOR**     **PSYCHIATRIC SOCIAL WORKER**

My practice includes the treatment and counseling of persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

**MALE**    **FEMALE**    and can reasonably be expected to continue as such for the foreseeable future.

**I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.**

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

# REQUEST FOR GENDER CHANGE ON DRIVER LICENSE/IDENTIFICATION CARD



PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

**Customer: Please complete Sections A, B, C, and D.**

A - DRIVER INFORMATION						
DRIVER LICENSE NUMBER		LAST NAME(S)			SUFFIX	
FIRST NAME				MIDDLE NAME		
DATE OF BIRTH		DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (if applicable)		
MONTH	DAY	YEAR				
Please check the product(s) you currently have:						
<input type="checkbox"/> Class D Driver License		<input type="checkbox"/> Commercial Driver License		<input type="checkbox"/> Identification Card		
B - GENDER DESIGNATION STATEMENT						
I, _____, wish the gender designation on my driver license/ID card to read:						
(Applicant's Full Name)						
<input type="checkbox"/> MALE			<input type="checkbox"/> FEMALE			
C - TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES						
PROVIDER'S LAST NAME		PROVIDER'S FIRST NAME		PROVIDER'S TITLE		
PROVIDER'S ORGANIZATION				STATE MEDICAL LICENSE #	STATE LICENSED IN	
PROVIDER'S STREET ADDRESS						
CITY			STATE		ZIP	
I am a licensed: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Social Worker						
My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is ..... <input type="checkbox"/> Male <input type="checkbox"/> Female and can reasonably be expected to continue as such for the foreseeable future.						
I certify, under the penalty of perjury, that the foregoing medical or social service provider information on this application is true and correct.						
PROVIDER'S SIGNATURE: _____				DATE: _____		
D - AUTHORIZATION AND CERTIFICATION						
I certify, under the penalty of perjury, that the information on this application is true and correct to the best of my knowledge, that this request for the selected gender designation to appear on my driver license/ID card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose, and that I am a bona fide resident of Delaware.						
APPLICANT'S SIGNATURE: _____				DATE: _____		
E - TO BE COMPLETED BY THE DIVISION OF MOTOR VEHICLES						
APPROVING SUPERVISOR/SENIOR NAME: _____						
APPROVING SUPERVISOR/SENIOR SIGNATURE: _____				DATE: _____		

MV2020  
08/11

## GENDER DESIGNATION FORM

### PART ONE: TO BE COMPLETED BY APPLICANT

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Street Address                                      City/State                                      Zip Code                                      Driver's License Number

I, \_\_\_\_\_ wish to designate the gender on my  
(Print name)

Driver's license card to read:    circle one            Male            Female

I hereby certify under penalty of law that this request for gender designation is for the purposes of ensuring my driver's license accurately reflects my gender identity and is not for any fraudulent or other unlawful purposes.

Signature: \_\_\_\_\_                                      Date: \_\_\_\_\_

### PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL AUTHORITY

\_\_\_\_\_  
Provider Last Name                                      Provider First Name                                      Provider Title

\_\_\_\_\_  
Provider Organization Name (if applicable)

\_\_\_\_\_  
Provider Street Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Provider Phone                                      Provider E-mail                                      Provider Organization or Professional License Number

I am a:

- |   |   |
|---|---|
| <input type="checkbox"/> Physician                        | <input type="checkbox"/> Licensed Psychologist                  |
| <input type="checkbox"/> Licensed Psychiatrist            | <input type="checkbox"/> Licensed Clinical Social Worker        |
| <input type="checkbox"/> Licensed Clinical Social Worker  | <input type="checkbox"/> Licensed Marriage and Family Therapist |
| <input type="checkbox"/> Licensed Mental Health Counselor | <input type="checkbox"/> Licensed Social Worker                 |
| <input type="checkbox"/> Advanced Nurse Practitioner      | <input type="checkbox"/> Physician Assistant                    |
| <input type="checkbox"/> Psychiatric Nurse Practitioner   |   |

In my professional opinion, the applicant's gender is (circle one):            Male    Female  
and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

Signature: \_\_\_\_\_                                      Date: \_\_\_\_\_



## GENDER DESIGNATION FORM

The Maine Bureau of Motor Vehicles can only accept original forms with original signatures.  
Photocopies and faxes are not acceptable.

**You must surrender the existing license or ID card that is to be amended.**

<b>Part I: TO BE COMPLETED BY APPLICANT</b> (Name on current license or ID)			
<input type="radio"/> Last Name	First Name	Middle	Social Security #
<input type="radio"/> Street Address	City/Town	Zip Code	License/ID #
<u>Gender Designation Statement</u>			
I _____ request the gender designation on my (print name from above)			
Driver's License/ID Card to read (circle one): <b>Male</b> <b>Female</b>			
I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.			
Signature: _____		Date: _____	
<i>(False statements may be punishable by fine, imprisonment, or both)</i>			

<b>Part II: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER</b>			
<input type="radio"/> Provider's Last Name	Provider's First Name	Title	
<input type="radio"/> Provider's Organizational Name (if applicable)			
<input type="radio"/> Provider's Street Address	City	State	Zip
<input type="radio"/> Provider's Tel.#	Provider's E-mail	Provider's Professional License # and State	
I am licensed as a: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist or Counselor <input type="checkbox"/> Social Worker			
<input type="checkbox"/> Other (Qualified Professional – please specify) _____			
In my professional opinion, the applicant's gender identity is (circle one): <b>Male</b> <b>Female</b> 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.			
Signature: _____		Date: _____	
<i>(False statements may be punishable by fine, imprisonment, or both)</i>			

Bureau of Motor Vehicles, License Services Division  
29 State House Station, Augusta, ME 04333-0029  
Telephone: (207)624-9000 ext. 52114 TTY Users call Maine relay 711

Updated 01/2013







# New Jersey Motor Vehicle Commission

## Declaration of Gender Designation Change for New Jersey Motor Vehicle Commission (MVC) Driver License or Identification Card

### PART ONE: TO BE COMPLETED BY APPLICANT

Name: Last	First	M.I.	Date of Birth
Street Address	City/State	Zip Code	License/ Identification Number

I \_\_\_\_\_ (print name) wish to change the gender designation on my driver license/identification card to read: **M** or **F** (circle one).

I hereby certify, under penalty of law, that this request for change of sex designation is for the purpose of making my driver license/identification card reflect my gender identity, and is not for fraudulent or other unlawful purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** You must surrender your current driver's license or identification card and obtain a duplicate for the standard fee of \$11.00. In order to change a name on a driver license or identification card, you will need to follow MVC procedures, available at any motor vehicle agency/regional service center or online at [www.njmvc.gov](http://www.njmvc.gov).

### PART TWO: TO BE COMPLETED BY LICENSED MEDICAL OR SOCIAL SERVICE PROVIDER

Provider Last Name	Provider First Name	Provider Title	
Provider Organization Name (if applicable)			
Provider Street Address	City	State	Zip Code
Provider Phone	Provider Email	Provider Organization or Professional License Number	

I am a licensed:

- Physician
- Therapist or Counselor
- Social Worker
- Other (please describe) \_\_\_\_\_

My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

**Male** **Female** and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under penalty of law, that the foregoing information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(A misstatement of fact or false statement made in this or any application is punishable by fine and/or imprisonment and may result in the suspension of driving privileges. (N.J.S.A. 39:3-37))**



John J. Barthelmes  
Commissioner of Safety

**NH DEPARTMENT OF SAFETY**  
**Division of Motor Vehicles**  
Stephen E. Merrill Building  
23 Hazen Drive, Concord, NH 03305  
Tele: (603) 227-4020



Richard C. Bailey, Jr.  
Director of Motor Vehicles

### Change of Gender Designation

Please note: This form may not be used for name or address changes. Please fill out a "Record Change Request" form (DSMV 30) for any name and/or address changes. Name changes will require authorized supporting documentation.

Name on Current NH Driver License or Non-Driver ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL or NDID # \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name or PO Box No. Town or City State Zip Code*

I, \_\_\_\_\_ wish to change the gender designation on my NH Driver License or Non-Driver Identification card to read (*please check one*):  Male  Female

I hereby certify under penalty of unsworn falsification that this request for change of gender is for the purpose of ensuring my driver license/identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signed under penalty of unsworn falsification (RSA 641:3)*

**The below certification must be completed by a licensed and qualified Health Care Provider**

In my professional opinion, the applicant's gender identity is (*please check one*):  Male  Female and can reasonably be expected to continue as such in the foreseeable future.

Name of Health Care Provider (*please print*): \_\_\_\_\_

*Please check one:*

Physician  APRN  Clinical Social Worker  Clinical Mental Health Counselor

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town or City State Zip Code*

Telephone Number: \_\_\_\_\_

I certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the person whose name appears above is under my treatment and care for the change of gender identity as indicated above by the applicant.

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

DSMV 626 (12/2014)



## GENDER DESIGNATION CHANGE REQUEST



Use this form to request a change to the gender designation on your New Mexico Driver's License (DL) or Identification Card (ID), or if you are applying for a first-time New Mexico DL or ID and are requesting a change of gender designation from that shown on your current identification documents. If you are also changing your name, please provide both current/prior and new name with appropriate original documentation (court order, marriage certificate or divorce decree). This form must be completed in full by you and your medical or social service provider.

Applicant Information and Request for Change of Gender Designation				
Applicant's current/prior full legal name:				
Last name	First name	Middle name(s)		
If changing name, Applicant's new full legal name:				
Last name	First name	Middle name(s)		
Residence street address	City	State	ZIP code	
Driver's license or ID number	Telephone number	Email address		
<b>Gender Designation Statement:</b>				
I, _____, wish the gender designation on my Driver's License/ID Card to designate my gender as (circle one):    Male (M)    Female (F).				
I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.				
Signature _____ Date _____				
Medical or Social Service Provider Information and Certification				
Last name	First name	Title		
Provider's organizational name (if applicable)				
Provider's street address	City	State	ZIP code	
Telephone number	Email address	Professional license number and state		
I am licensed as a: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist or Counselor <input type="checkbox"/> Psychiatric Social Worker				
<input type="checkbox"/> Other (please describe) _____				
My practice includes the treatment and counseling of persons with gender identity issues, including the Applicant named herein, and in my professional opinion the applicant's gender identity is (circle one):    Male    Female    and can reasonably be expected to continue as such for the foreseeable future.				
I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.				
Signature _____ Date _____				



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1903 LANE AVE. SE. SALEM, OREGON 97314

## CHANGE OF GENDER DESIGNATION FORM

[Reset Form](#)

[Print Form](#)

### PART ONE: TO BE COMPLETED BY APPLICANT

LAST NAME (please print)	FIRST NAME	MIDDLE NAME	ODL/ID CUSTOMER #	
STREET ADDRESS		CITY	STATE	ZIP CODE

I, \_\_\_\_\_ wish to change the gender designation on my driver license or identification card to read (check one):  **Male**  **Female**

I hereby certify under penalty of law that this request for gender designation change is for the purpose of ensuring my driver license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

APPLICANT SIGNATURE <b>X</b>	DATE SIGNED
---------------------------------	-------------

### PART TWO: TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER or SOCIAL SERVICE AUTHORITY

PROVIDER LAST NAME (please print)	PROVIDER FIRST NAME	PROVIDER TITLE		
PROVIDER ORGANIZATION NAME (if applicable)				
PROVIDER STREET ADDRESS	CITY	STATE	ZIP CODE	
PROVIDER PHONE NUMBER	PROVIDER E-MAIL	PROVIDER ORGANIZATION or PROFESSIONAL LICENSE NUMBER		

I am a:

- Primary Care Provider (PCP) (Physician, Nurse Practitioner (NP) or Physician Assistant (PA))
- Clinical Social Worker, Surgeon, or a Doctor of Naturopathic Medicine
- Licensed Professional Counselor or Therapist
- Licensed Psychologist
- Social Service Case Specialist, Worker, or other Social Service Authority

In my professional opinion, the applicant's gender identity is (check one):  **Male**  **Female**  
and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

SIGNATURE OF HEALTH CARE PROVIDER or SOCIAL SERVICE AUTHORITY <b>X</b>	DATE SIGNED
---	-------------

735-7401 (10-15)



## REQUEST FOR GENDER CHANGE ON DRIVER'S LICENSE/IDENTIFICATION CARD

ALL SECTIONS MUST BE COMPLETED

A APPLICANT INFORMATION					
DRIVER'S LICENSE/ID NUMBER		LAST NAME(S)			JR/ETC
FIRST NAME			MIDDLE NAME		
DATE OF BIRTH		TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)		E-MAIL ADDRESS (if applicable)	
MONTH	DAY	YEAR			
Please check the product(s) you currently have:					
<input type="checkbox"/> Non-Commercial Driver's License		<input type="checkbox"/> Commercial Driver's License		<input type="checkbox"/> Identification Card	
B GENDER DESIGNATION STATEMENT					
I, _____ wish the gender designation on my Driver's License/ ID Card to read					
PRINT NAME					
<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE			
I hereby certify under penalty of law that this request for the selected gender designation to appear on my Driver's License/ ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.					
C TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES					
LAST NAME		FIRST NAME		TITLE	
PROVIDER'S ORGANIZATION			STATE MEDICAL LICENSE #	STATE LICENSED IN	
PROVIDER'S STREET ADDRESS					
CITY		STATE		ZIP	
I am a licensed: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Social Worker					
My practice includes assisting, counseling or treating persons with gender identity conditions, including the applicant named herein, and in my professional opinion, the applicant's gender identity ..... <input type="checkbox"/> Male <input type="checkbox"/> Female and can reasonably be expected to continue as such for the foreseeable future.					
I hereby certify, under penalty of law, that the foregoing information is true and correct					
PROVIDER'S SIGNATURE: _____			DATE: _____		
<b>WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).</b>					
D AUTHORIZATION AND CERTIFICATION					
<input type="checkbox"/> <b>Veterans Designation:</b> I certify under penalty of law that I am a qualified applicant and hereby request it be added to my product. I understand that misrepresentation will result in the cancellation of my driver's license and/or identification card.					
I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation information concerning my Social Security Identification Number for the purpose of identification. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.					
<input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (see reverse)					
<input type="checkbox"/> I wish to contribute \$3.00 to the Veterans' Trust Fund (see reverse)					
<b>SIGN HERE</b>					
(APPLICANT'S SIGNATURE IN INK)		DATE			
<b>WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).</b>					

FEE PAID In This Amount	
SEE REVERSE FOR FEES	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
LICENSE AND REGISTRATION OFFICE

600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-5785/5786
www.dmv.ri.gov

GENDER DESIGNATION ON A LICENSE OR IDENTIFICATION CARD

Procedure for Changing Designation on Driver's License or Identification Card

Applicants requesting a change of the gender designation on their driver's license or identification card from that showing on their identity proof documents must:

- Surrender any current state-issued license or identification card;
Submit a completed Gender Designation form; and
Pay applicable fees for new or updated license or identification card. The applicant shall have a new photograph taken.

Employees shall not request additional gender-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

The Gender Designation Form contains private medical information and will be kept confidential and protected under the provisions of the Driver Privacy and Protection Act.

Name Change

Name changes related to gender are completed via submission of appropriate court documents and also must be reflected on the Social Security card. Please refer to the RI DMV Document Checklist - License and ID Cards.

PART ONE: TO BE COMPLETED BY APPLICANT

Form fields for Part One: Last Name, First Name, Middle Initial, Social Security Number, Street Address, City/Town, State, Zip Code, License/Identification Number.

I, \_\_\_\_\_, wish the designation of gender on my driver's license or identification card to read (please check one): [ ] Male [ ] Female

I, the undersigned, hereby make application for either license, state identification card or permit and declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE AUTHORITY

Form fields for Part Two: Provider Last Name, Provider First Name, Provider Title, Provider Organization Name (if applicable), Provider Street Address, City/Town, State, Zip Code, Provider Telephone, Provider E-Mail, Provider Organization or Professional License Number.

I am a: [ ] Physician [ ] Licensed therapist or counselor [ ] Case worker or social worker

In my professional opinion, the applicant's gender identity is (please check one): [ ] Male [ ] Female and can reasonably be expected to continue as such in the foreseeable future.

I, the undersigned, hereby declare under penalty of perjury that all statements made in this section, "Part Two," by me, are true and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

rev. 05/12





## Change of Gender Designation Request

You can use this form to request a gender designation change on your Washington driver license, instruction permit, identification (ID) card, enhanced driver license, or enhanced identification card. This form must be completed by you and a licensed health care provider (as noted in the Physician section below) familiar with your treatment. Send this completed form **and** a photocopy of your valid Washington driver license, instruction permit, identification card, enhanced driver license, or enhanced identification card to:

**Programs and Services, Driver Records  
Department of Licensing  
PO Box 9030  
Olympia WA 98507-9030**

You will be notified in writing when your request has been processed. **Incomplete applications will not be processed.**

### Applicant

TYPE or PRINT Name as it appears on your current license or ID card (Last, First, Middle)		License or ID card number
(Area code) Daytime telephone number	Email (in case we need to contact you)	
Answer the following		
What gender designation would you like on your license or ID card? ..... <input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>I authorize the licensed health care provider listed in the physician section to release information related to this request. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>		
Date and place signed	<b>X</b> Signature	

### Physician

This section must be completed by a licensed medical physician, internist, endocrinologist, gynecologist, urologist, osteopathic physician, psychiatrist, psychologist, or a Washington State licensed naturopathic physician, advanced registered nurse practitioner, physician assistant, or certified osteopathic physician assistant familiar with your treatment.

TYPE or PRINT Name of patient			
Your name as it appears on your license			
License number	Expiration date	Issuing state/jurisdiction	DEA registration number
Hospital or medical clinic name			(Area code) Telephone number
Physical address (Address, City, State, ZIP code, Country)			
Mailing address, if different (Address, City, State, ZIP code, Country)			
Answer the following			
1. I am the attending health care provider with a doctor/patient relationship with the applicant.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have reviewed and evaluated the applicant's medical history.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The applicant has undergone the appropriate gender transition clinical treatment.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is the gender identification of this applicant?			<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>			
Date and place signed	<b>X</b> Physician signature		

West Virginia Department of Transportation  
**Division of Motor Vehicles**  
**Gender Designation Form**



1-800-642-9066  
dmv.wv.gov

**Procedure for changing your gender designation on your driver's license or identification card:**

The DMV will change the gender designation on the applicant's driver's license or ID card contingent on the submission of this fully and accurately completed form. The applicant is not required to have changed his or her gender designation on the birth certificate or other forms of identification. DMV Employees shall not request additional gender-related information beyond that required on the applicable form or otherwise inquire about the applicant's private medical history or records.

Any name changes require submission of appropriate documentation of the name change and must also be reflected in the Social Security record. Name changes can be processed at any time regardless of gender designation.

**Applicants requesting to change the gender designation on their driver's license or identification (ID) card must:**

- Surrender any current state-issued license or identification card (if applicable).
- Submit this Gender Designation Form when it has been accurately completed.
- Submit the correct driver's license or ID card application and pay the correct fees as outlined on the application. For standard driver's licenses and ID cards use the application DMV-D5-23P or for a commercial driver's license use the application DMV-CDL-1.
- Have a new photograph taken for the driver's license or ID card.

**PART 1 TO BE COMPLETED BY THE APPLICANT**

APPLICANT NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER
STREET ADDRESS		DRIVER'S LICENSE OR ID CARD NUMBER
CITY, STATE, AND ZIP CODE		
<p>I, _____, wish to change the gender on my West Virginia driver's license or identification card to read the gender <input type="checkbox"/> male <input type="checkbox"/> female.</p>		
(X) _____ SIGNATURE OF APPLICANT		_____/_____/_____ DATE

**PART 2 TO BE COMPLETED BY THE LICENSED PHYSICIAN**

PHYSICIAN NAME (LAST, FIRST, MIDDLE)		PHYSICIAN TITLE	MEDICAL LICENSE NUMBER
PHYSICIAN ORGANIZATION NAME (IF APPLICABLE)		PHYSICIAN PHONE NUMBER	
PHYSICIAN ADDRESS			
<p>In my professional opinion, the applicant's gender identity is: <input type="checkbox"/> male <input type="checkbox"/> female</p>		<p>I hereby certify under penalty of perjury/law that the information contained herein is true and correct.</p>	
(X) _____ SIGNATURE OF LICENSED PHYSICIAN		_____ DATE	



This form is fillable. To begin, click in the Surname field.



### Physician's or Psychologist's Confirmation of Change of Gender Designation

Print Clear form

FOR OFFICE USE ONLY

#### Physician's or Psychologist's Information

SURNAME FOLLOWED BY GIVEN NAME(S)	
MAILING ADDRESS	POSTAL CODE
TITLE (if any)	TELEPHONE NUMBER, INCLUDING AREA CODE (    )

#### Declaration of Physician or Psychologist

The physician's or psychologist's declaration is in support of the request to change the applicant's "Sex" designation on his/her provincially issued identification by witnessing or certifying that the person identifies him/herself as a particular gender.

1. I hereby certify that I am:

- a practising registrant of the College of Physicians and Surgeons of British Columbia. BC MSP # \_\_\_\_\_
- a practising registrant of the College of Psychologists of British Columbia. Registrant # \_\_\_\_\_
- a practising registrant, authorised in another province or territory, to practise a health profession equivalent to that practised by a person referred to above.  
Your profession and registration # \_\_\_\_\_ (Please provide copy of licence.)

2. I support the application of \_\_\_\_\_ ( \_\_\_\_\_ )  
applicant's name applicant's personal health #  
and ( \_\_\_\_\_ ) who is requesting the change in gender designation from **F to M**  or **M to F**   
BC driver's licence # or BC identification #

3. I confirm that the applicant's gender identity does not align with the "Sex" designation on the applicant's provincial government-issued identification.

4. I understand the consequences of making a false declaration.

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN OR PSYCHOLOGIST DATE (dd/mm/yyyy)

Making a false or misleading statement on this form may result in prosecution under section 69 of the *Motor Vehicle Act*. A person who contravenes section 69 is liable to a fine of up to \$20,000 and/or to imprisonment.

#### Provincial Government-Issued Identification

This form may be used to support changes to the "Sex" field on all of the following provincial government-issued identification held by the applicant:

- BC Birth Certificate
- BC Driver's Licence
- BC Identification Card
- Combined BC Driver's Licence and Services Card
- Enhanced Driver's Licence
- Enhanced Identification Card
- Photo BC Services Card
- Non-Photo BC Services Card

#### Resources for Physicians or Psychologists

For additional resources, professionals may refer to the guidelines established by the World Professional Association for Transgender Health (WPATH), Standards of Care at [www.wpath.org](http://www.wpath.org).

Print Clear form



**DRIVER LICENCE/GENERAL IDENTIFICATION CARD (GIC)  
CHANGE OF GENDER DESIGNATION  
CHANGEMENT DE LA MENTION DU SEXE SUR LE PERMIS  
DE CONDUIRE OU LA CARTE D'IDENTITÉ GÉNÉRALE (CIG)**

**APPLICANT  
DEMANDEUR<sup>1</sup>**

I, \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Je, \_\_\_\_\_ Date de naissance : \_\_\_\_\_  
FULL LEGAL NAME-PLEASE PRINT YYYYY-MM-DD  
NOM LÉGAL COMPLET EN LETTRES DÉTACHÉES AAAAA-MM-JJ

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Adresse : \_\_\_\_\_ Code postal : \_\_\_\_\_  
MAILING ADDRESS ADRESSE POSTALE

Yukon driver licence/GIC no.: \_\_\_\_\_, wish the designation of gender on my driver licence  
Permis de conduire/CIG n° : \_\_\_\_\_, souhaite que la mention du sexe sur mon permis de  
and/or general identification card to read (please check one):  Female  Male  
conduire ou sur ma CIG indique (cochez une case) : Femme Homme

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE (YYYY-MM-DD)  
SIGNATURE DU DEMANDEUR DATE (AAAA-MM-JJ)

Your personal information contained here is collected under Yukon's *Motor Vehicles Act*, RSY 2002, c.153 (as amended) ("MVA") in accordance with Yukon's *Access to Information and Protection of Privacy Act* RSY 2002, c. 1. (as amended). By providing the personal information contained herein you fully consent to such information being collected, used, stored, and disclosed for the purposes of: administering and enforcing the MVA; law enforcement purposes, including the investigation and enforcement of laws by other governments or law enforcement agencies; research and statistical analysis and policy planning and program activities by Government of Yukon. If you have any questions about the collection, use or disclosure of your personal information, please contact the Registrar of Motor Vehicles at Unit A, 2251 2nd Avenue Whitehorse, YT Y1A 5W1 or phone: (867) 667-5313, toll free within Yukon, 1-800-661-0408 ext. 5313.

*Les renseignements personnels fournis dans les présentes sont recueillis en vertu de la Loi sur les véhicules automobiles du Yukon, L.R.Y. 2002, ch.153 (dans sa version modifiée), et en conformité avec la Loi sur l'accès à l'information et la protection de la vie privée du Yukon, L.R.Y. 2002, ch. 1 (dans sa version modifiée). En fournissant lesdits renseignements, vous consentez pleinement à leur collecte, utilisation, conservation et communication aux fins suivantes : application de la Loi sur les véhicules automobiles; exécution de la loi, y compris la tenue d'enquête et la mise en œuvre de lois par d'autres gouvernements ou organismes d'application de la loi; recherches et analyses statistiques ainsi que planification des politiques et des programmes et services par le gouvernement du Yukon. Veuillez adresser toute demande relative à la collecte, à l'utilisation ou à la communication de vos renseignements personnels au registraire des véhicules automobiles, au 2251, 2<sup>e</sup> Avenue, porte A, Whitehorse (Yukon) Y1A 5W1, ou par téléphone, au 867-667-5313 ou (sans frais au Yukon) au 1-800-661-0408, poste 5313.*

**SERVICE PROVIDER  
FOURNISSEUR DE SERVICES**

Name: \_\_\_\_\_  
Nom : \_\_\_\_\_  
FULL LEGAL NAME-PLEASE PRINT  
NOM LÉGAL COMPLET EN LETTRES DÉTACHÉES

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Adresse : \_\_\_\_\_ Code postal : \_\_\_\_\_  
MAILING ADDRESS ADRESSE POSTALE

I am a  Physician  Psychiatrist  Psychologist  Therapist/Counsellor  Nurse Practitioner  
Je suis médecin psychiatre psychologue thérapeute/conseiller infirmière praticienne

Licence or professional certification #: \_\_\_\_\_  
Permis d'exercice ou agrément professionnel n° : \_\_\_\_\_

In my professional opinion, the applicant's gender identity is (please check one):  Female  Male  
Selon mon avis professionnel, l'identité de genre du demandeur est (cochez une case) : Femme Homme

and can reasonably be expected to continue as such in the foreseeable future.  
Il est par ailleurs raisonnable de s'attendre à ce que cette situation reste inchangée dans un avenir prévisible.

\_\_\_\_\_  
SIGNATURE OF SERVICE PROVIDER DATE (YYYY-MM-DD)  
SIGNATURE DU FOURNISSEUR DE SERVICES DATE (AAAA-MM-JJ)

## Appendix B U.S. Driver's License Policies\*

### U.S. Jurisdiction Driver's License and ID Card Policies

Simplified form. Certification accepted from a range of licensed professionals, no medical details required. 18 states, the District of Columbia, and Puerto Rico	Alaska (2012) Colorado (2006) Connecticut Delaware (2011) District of Columbia (2007) Hawaii (2012) Indiana	Maine (2013) Massachusetts (2008) New Jersey (2009) New Hampshire New Mexico (2010) Ohio (2009) Oregon (1998)	Pennsylvania (2010) Puerto Rico (2016) Rhode Island (2012) Virginia (2012) Washington (2009) West Virginia (2015)
No form. Certification accepted from medical or mental health providers. Proof of surgery or court order are not required. 7 states	Arizona (1995) Florida (2011) Idaho (2013) Illinois (2013)	New York (1987) Vermont Wisconsin	
Simplified form. Certification only accepted from a limited range of health care providers. Proof of surgery or court order are not required. 3 states	California (2008) Nebraska Nevada (2010)		
No form. Certification only accepted from limited range of healthcare providers. No requirement of proof of surgery or court order. 1 state	Minnesota (2013)		
No form. No requirement of proof of surgery, court order, or amended birth certificate. 2 states	Maryland (medical approval process involving several steps) Utah (must provide other updated ID, such as a passport)		
Unknown 5 states and 4 territories	Arkansas Mississippi North Carolina North Dakota South Dakota	American Samoa Guam Northern Marianas Island U.S. Virgin Islands	
Proof of surgery, court order, or amended birth certificate required. 14 states – 9 surgery, 3 court order, 2 other	Alabama (surgery) Georgia (surgery) Iowa (court order and amended birth certificate) Kansas	Kentucky (surgery) Louisiana (surgery) Michigan (surgery) Missouri Montana (surgery) Oklahoma	South Carolina (court order) Tennessee (surgery) Texas (court order) Wyoming (surgery)

Total jurisdictions in which individuals can reliably change their gender designation without proof of surgery, court order, or amended birth certificate: **31 states + District of Columbia and Puerto Rico**

\* Verified via AAMVA email, website search.

## Appendix C Canadian Driver's License Policies\*

### Canadian Jurisdiction Driver's License and ID Card Policies

Simplified form, certification accepted from a range of licensed professionals; no medical details required.	Alberta British Columbia Manitoba Yukon
No form. Certification from medical or mental health provider is sufficient. Proof of surgery or court order is not required.	
Simplified form. Certification only accepted from a limited range of health care providers. Proof of surgery or court order are not required.	
No form but no requirement of proof of surgery or court order; certification from limited range of health care providers.	Ontario Quebec Saskatchewan
Unknown policy	New Brunswick Newfoundland & Labrador Nova Scotia Northwest Territories Nunavut

Total provinces in which individuals can reliably change their gender designation without proof of surgery, court order, or amended birth certificate: **7 provinces**

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\* Provided by the AAMVA Survey. Content current as of June 2015.

## **Appendix D** U.S. Department of State Policy for Changing the Gender Designation on a U.S. Passport

The United States Department of State (DOS) has adopted a policy that explains the need for medical certification from a licensed physician regarding the change in gender, as well as the need for accurate identification and a photograph reflecting the applicant's current appearance. To obtain a passport, sexual reassignment surgery is not a prerequisite, and such documentation is not requested. The DOS requires medical certification of gender transition from a licensed physician as the only documentation of gender change required. Other medical records are not requested. The applicant must submit acceptable evidence of identity in the new gender, if available, and must submit evidence of the new name, if changed. The DOS may accept documentation from the SDLA if available as evidence of identity, but because of the variety and inconsistencies with state license requirements, evidence of change of gender in these identity documents may not be obtainable. However, the passport can be issued in the new gender based on the medical certification. Importantly, the U.S. Passport is an acceptable document used by SDLAs to validate a person's identity for the DL/ID. States with policies that require changes to birth certificates, court orders, or surgical reassignment to validate gender change will be in conflict if an individual provides a passport reflecting a change in gender. A modernized gender designation process eliminates this conflict.

### **U.S. Department of State Foreign Affairs Manual – Volume 7**

#### *Consular Affairs*

#### **7 FAM 1300 Appendix M GENDER CHANGE**

*(CT:CON-576; 05-05-2015)*

*(Office of Origin: CA/OCS/L)*

#### **7 FAM 1310 APPENDIX M SUMMARY**

*(CT:CON-653; 03-31-2016)*

- a. This appendix provides policy and procedures that passport specialists and consular officers (“you”) must follow when an applicant indicates a gender on the “sex” line on the passport application with information different from the one reflected on some or all of the submitted citizenship and/or identity evidence, including a prior passport.
- b. This policy explains the need for medical certification from a licensed physician who has treated the applicant or reviewed and evaluated the medical history of the applicant regarding the change in gender, as well as the need for accurate identification and a photograph reflecting the applicant's current appearance. It is based on standards and recommendations of the World Professional Association for Transgender Health (WPATH), recognized as the authority in this field by the American Medical Association (AMA).
- c. A passport is defined by INA 101(a)(30) (Immigration and Nationality Act) (8 U.S.C. 1101(a)(30)) as “any travel document issued by competent authority showing the bearer's origin,

identity, and nationality if any, which is valid for the entry of the bearer into a foreign country.”

An individual’s gender is an integral part of that person’s identity.

- d. Sex reassignment surgery is not a prerequisite for passport issuance based on gender change.
- e. Medical certification of gender transition from a licensed physician as described in [7 FAM 1320 Appendix M](#) is the *only* documentation of gender change required. Other medical records must not be requested.
- f. A Form DS-11 “Application for U.S. Passport” must be used the first time an applicant applies for a passport in reassigned gender, as personal appearance for execution is required, even if the applicant has a previous passport. A change in gender is a change in the identity of the applicant, and evidence of identity in the new name (if applicable) and gender must be presented. Subsequent applications in the same gender may be submitted on a Form DS-82 if the applicant is eligible (see 7 FAM 1345.4 regarding eligibility to apply on a Form DS-82 and [7 FAM 1334 Appendix M](#) regarding resumption of the birth gender).

## 7 FAM 1320 APPENDIX M DOCUMENTATION REQUIREMENTS

### 7 FAM 1321 Appendix M Documents to be Submitted with the Form DS-11

(*CT:CON-653; 03-31-2016*)

- a. **Evidence of U.S. citizenship/non-citizen U.S. nationality.** The applicant must submit acceptable evidence of U.S. citizenship or non-citizen U.S. nationality. (see 7 FAM 1100 “Acquisition and Retention of U.S. Citizenship and Nationality”). The applicant is not required to obtain an amended birth record, amended Consular Report of Birth (CRBA), or to request that the U.S. Citizenship and Immigration Services (USCIS) issue a replacement

Certificate of Naturalization/Citizenship reflecting the change of gender. State law in the United States and the laws of other countries vary on whether an amended birth certificate may be issued reflecting a gender change;

NOTE: An amended birth certificate in the new gender is not acceptable evidence of gender change (as opposed to amending a birth certificate to correct a typographical error—see [7 FAM 1370 Appendix M](#)). See also [7 FAM 1350 Appendix M](#) regarding Form FS-240, “Consular Report of Birth of a U.S. Citizen Abroad.”

- b. **Evidence of identity.** As with all applications, the applicant must be asked to submit acceptable Identification Document(s) (IDs) in the new gender, and name, if applicable (see 7 FAM 1320 “Identity of the Passport Applicant”). However, state law and foreign laws vary as to whether a driver’s license or other State or foreign government ID may be issued reflecting a gender change. So, the applicant may document her/his identity by submitting any of the following ID documents:
  - (1) Primary ID in the new gender (see 7 FAM 1325.1 regarding identification using primary ID);
  - (2) Secondary ID in the new gender (see 7 FAM 1325.3 regarding identification using secondary ID); or
  - (3) Acceptable primary ID in the birth gender if it readily identifies the applicant.

NOTE: Some form of photographic ID must be presented; You cannot use the doctor’s certification as the only evidence to identify an applicant.

- c. **Photograph.** A recent photograph that is a good likeness of the applicant, and satisfactorily identifies the applicant must be submitted. The photograph must agree with the submitted ID and reflect the applicant’s current and true appearance (see also [7 FAM 1300 Appendix E “Passport Photographs”](#));

- d. **Passport Fee.** All necessary passport fees must be submitted (see [7 FAM 1300 Appendix G “Passport Fees”](#)); and
- e. **Name Change.** If the applicant’s name has been changed, either by court order or by customary usage, she/he must present satisfactory evidence of the material name change (see 7 FAM 1300 Appendix C “Names and Name Usage”). Both names must be cleared (see 7 FAM 1334).

**7 FAM 1322 Appendix M Medical Certification for Gender Change/Transition**

*(CT:CON-653; 03-31-2016)*

- a. A full validity U.S. passport will be issued reflecting a new gender upon presentation of a signed, original certification or statement, **on office letterhead**, from a licensed physician who has treated the applicant for her/his gender-related care or reviewed and evaluated the gender-related medical history of the applicant.
- b. Licensed physicians include:
  - (1) A Doctor of Osteopathy (D.O.) (not to be confused with a Doctor of Optometry (O.D.), whose certification is not acceptable); or
  - (2) A Medical Doctor (M.D.). M.D.s may specialize in various medical fields including, but not limited to, internists, endocrinologists, gynecologists, urologists, surgeons, psychiatrists, pediatricians, and family practitioners.
- c. Medical certifications from persons who are not licensed physicians are not acceptable. They include, but are not limited to:
  - (1) Psychologists;
  - (2) Physician Assistants;
  - (3) Nurse practitioners;
  - (4) Health practitioners;
  - (5) Licensed vocational nurses;
  - (6) Registered nurses;
  - (7) Chiropractors; or
  - (8) Pharmacists.
- d. The medical certification **must** include the following information (see [7 FAM 1300 Appendix M Exhibit 1](#)):
  - (1) Licensed physician’s full name;
  - (2) Medical license or certificate number;
    - (a) Licensed physicians in foreign countries must have a comparable foreign license or certificate registration number.
    - (b) For all foreign licensed physician gender change requests, passport agencies/centers must scan copies of the Form DS-11 and attach all submitted documents to Passport Services’ Adjudication Policy Division (CA/PPT/S/A/AP) at AskPPTAdjudication@state.gov. CA/PPT/S/A/AP works with the Overseas Citizens Services’ Office of Legal Affairs (CA/OCS/L) to verify the bona fides of the foreign-based licensed physician with the applicable post abroad. CA/PPT/S/A/AP will advise the passport agency/center of the outcome of post’s verification as soon as possible.
    - (c) Posts must verify their own foreign-based licensed physicians or, if the statement is from a physician in another country, contact the post which covers that country for verification.
  - (3) Address and telephone number of the licensed physician;
  - (4) Language stating that she/he has treated the applicant or has reviewed and evaluated the medical history of the applicant and that she/he has a doctor/patient relationship with the applicant;
  - (5) Language stating the applicant has had appropriate clinical treatment for gender transition to the new gender of either male or female; and



(6) Language stating “I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”

e. If the applicant has not submitted the requested medical certification, use the appropriate letter (or similar language for overseas posts) available in Information Request Letter (IRL) 706 in corresponding with the passport applicant. (See [7 FAM 1300 Appendix T “Information Request Letters and Information Notices.”](#))

f. For applicants who have just begun and may be in the initial stages of the gender transition process, a two year limited validity passport using endorsement 46 (see [7 FAM 1320 Appendix B](#)) reflecting the new gender will be issued upon presentation of a medical certification described in paragraph a above that includes the following:

(1) Information listed in paragraph [7 FAM 1300 Appendix M](#) d(1)-(4) above;

(2) Language stating the applicant is in the process of gender transition to the new gender of either male or female; and

(3) Language stating “I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”

g. Faxed, e-mailed, or scanned photocopies of medical certifications are not acceptable for full validity U.S. passports. In emergency circumstances, you may issue a limited validity passport in the new gender using endorsement 46.

## 7 FAM 1330 APPENDIX M ADJUDICATING GENDER CHANGE OR TRANSITION

### 7 FAM 1331 Appendix M Adjudicating Gender Change Cases

(CT:CON-653; 03-31-2016)

a. You must annotate the reason for issuing the full validity passport in the new gender in the “For Issuing Office Only” block of the Form DS-11:

Name as it appears on citizenship evidence \_\_\_\_\_ Issued \_\_\_\_\_

Birth Certificate SR CR City Filed \_\_\_\_\_

Nat. / Citz. Cert. USCIS USC Date/Place Acquired: \_\_\_\_\_ At \_\_\_\_\_

Report of Birth Filed/Place: \_\_\_\_\_

Passport CR SR Per PERS #DOI: \_\_\_\_\_

Other: **Gender Change**

Attached: \_\_\_\_\_

PIC of ID  DS-3053  DS-44  DS-5520  DS-5513  Citz WIS

PIC of Citz  DS-10  DS-86  DS-71  IR  OS Ver \_\_\_\_\_

\* DS 11 A 09 2013 2 \*

b. You must annotate and attach the medical certification to the Form DS-11:

Name as it appears on citizenship evidence \_\_\_\_\_ Issued \_\_\_\_\_

Birth Certificate SR CR City Filed \_\_\_\_\_

Nat. / Citz. Cert. USCIS USC Date/Place Acquired: \_\_\_\_\_ At \_\_\_\_\_

Report of Birth Filed/Place: \_\_\_\_\_

Passport CR SR Per PERS #DOI: \_\_\_\_\_

Other: \_\_\_\_\_

Attached: **MD Ltr re: Gender Change**

PIC of ID  DS-3053  DS-44  DS-5520  DS-5513  Citz WIS

PIC of Citz  DS-10  DS-86  DS-71  IR  OS Ver \_\_\_\_\_

\* DS 11 A 09 2013 2 \*

NOTE: You must not ask for additional specific clinical details regarding the gender change from the applicant.

NOTE: If the applicant requests that the original medical certification be returned, you may attach a clear photocopy of the medical certification, clearly annotate that the original medical certification was seen and returned, and return the original medical certification to the applicant

### 7 FAM 1332 Appendix M Adjudicating Gender Transition Cases

(CT:CON-653; 03-31-2016)

a. You must annotate the reason for issuing the limited validity passport in the new gender in the “For Issuing Office Only” block of the Form DS-11:

Name as it appears on citizenship evidence \_\_\_\_\_ Issued \_\_\_\_\_

Birth Certificate SR CR City Filed \_\_\_\_\_

Nat. / Citz. Cert. USCIS USC Date/Place Acquired: \_\_\_\_\_ At \_\_\_\_\_

Report of Birth Filed/Place: \_\_\_\_\_

Passport CR SR Per PERS #DOI: \_\_\_\_\_

Other: **Gender Transition**

Attached: \_\_\_\_\_

PIC of ID  DS-3053  DS-44  DS-5520  DS-5513  Citz WIS

PIC of Citz  DS-10  DS-86  DS-71  IR  OS Ver \_\_\_\_\_

\* DS 11 A 09 2013 2 \*



- b. You must annotate and attach the medical certification to the Form DS-11:

The image shows a portion of a Form DS-11. It includes a header section with checkboxes for various citizenship evidence types: Birth Certificate, Nat./Citiz. Cert., Report of Birth, Passport, and Other. The 'Other' checkbox is checked, and a red stamp next to it reads 'MD Ltr re: Gender Transition'. Below this are checkboxes for different passport types: PIC of ID, PIC of Citiz., DS-3053, DS-44, DS-5520, DS-5513, and DS-Ver. A barcode is located at the bottom right of the form, with the text '\* DS 11 A 09 2013 2 \*' printed below it.

- c. You must add an appropriate endorsement to limit the validity period of the passport:
- (1) Use endorsement code 46 domestically and for Overseas Photo-Digitized Passports (OPDPs) (see also [7 FAM 1365](#) regarding OPDPs and [7 FAM 1300 Appendix B, “Passport Endorsements”](#)).
  - (2) Use endorsement code 109 in Emergency Photo-Digitized Passports (EPDPs) for urgent overseas cases where the applicant must travel immediately (see also [7 FAM 1300 Appendix B](#)).

**7 FAM 1333 Appendix M Replacement of Passport Limited Because of Gender Transition**

*(CT:CON-653; 03-31-2016)*

- a. An applicant who received a limited passport book because of a gender transition will receive a replacement, fully-valid passport without further fee (except for expedited service, if requested), if she/he:
- (1) Applies for the new passport within two years of issuance using Form DS-5504, “Application for a U.S. Passport: Name Change, Data Correction, and Limited Passport Book Replacement;”
  - (2) Meets the requirements of [7 FAM 1320 Appendix M](#); and
  - (3) Presents a new medical certification that meets the requirements for a fully-valid passport in [7 FAM 1322 Appendix M](#).
- b. If, after two years, the applicant applies for a new passport and her/his gender transition has

not been completed, the applicant must submit a new physician’s statement, following the same information and licensure requirements in [7 FAM 1320 Appendix M](#), reflecting that the applicant still is in the process of gender transition. The applicant must also submit a new Form DS-11, with appropriate identity, citizenship, and passport fees submitted (see [7 FAM 1321 Appendix M](#)). Another two-year limited validity passport will be issued.

**7 FAM 1334 Appendix M Resumption of the Birth Gender**

*(CT:CON-653; 03-31-2016)*

If an applicant who already has been issued a passport in a new gender requests issuance of a passport in the birth gender, a medical certification of the transition back to the birth gender is required (see [7 FAM 1322 Appendix M](#) regarding medical certifications). The same procedures for adjudication and issuance of full validity (gender change) or limited validity (gender transition) passports apply if the applicant is returning to the birth gender (see also [7 FAM 1331 Appendix M](#) and [7 FAM 1332 Appendix M](#)).

**7 FAM 1340 APPENDIX M CONVERSATIONS WITH PASSPORT APPLICANTS SEEKING TO DOCUMENT GENDER CHANGE/TRANSITION**

*(CT:CON-653; 03-31-2016)*

- a. As with all passport applicants, you must be sensitive and respectful at all times.
- b. Refer to the applicant by the pronoun appropriate to her/his new gender even if the transition is not complete.
- c. Ask only appropriate questions regarding information necessary to determine citizenship and identity of the applicant.

## **7 FAM 1350 APPENDIX M AMENDING GENDER IN CONSULAR REPORTS OF BIRTH ABROAD**

*(CT:CON-653; 03-31-2016)*

The Form FS-240, “Consular Report of Birth Abroad of Citizen of the United States of America,” can be amended by Passport Services’ Office of Technical Operations, Record Services division (CA/PPT/S/TO/RS) to reflect the change in gender. The documentary requirements specified in this Appendix for passport services are the same for amending gender on a Form FS-240. (See also [7 FAM 1440](#), “Consular Report of Birth Abroad of a Citizen/Non-Citizen National of the United States of America.”) See Bureau of Consular Affairs Internet Information on amending a Form FS-240. Inquirers are directed to contact Passport Services’ Record Services Division, using the below dual addresses, both physical and P.O. box address, and the nine-digit zip code.

U.S. Department of State  
Record Services Division  
CA/PPT/S/TO/RS  
44132 Mercure Cir  
PO Box 1213  
Sterling, VA 20166-1213  
  
Telephone (public): 202-485-8300  
Fax: 202-485-8302

- d. An amended Form FS-240 is acceptable evidence of a gender change for a subsequent passport application.

## **7 FAM 1360 APPENDIX M INTERSEX CONDITIONS (DISORDERS OF SEX DEVELOPMENT)**

*(CT:CON-653; 03-31-2016)*

- a. “Intersex” is a condition in which a person is born with a reproductive or sexual anatomy and/or chromosomal pattern that does not fit typical definitions of male or female.
- b. Birth documentation is often not updated to reflect corrected gender. When the passport application indicates a sex different from the one reflected on the birth documentation, the applicant, or her/

his applying parents in the case of a minor child, must provide medical certification that meets the requirements in [7 FAM 1322 Appendix M](#), adjusting the language to reflect the intersex condition and specify the gender correction to either male or female. In the case of a minor child, the applying parent(s) also must submit a signed statement confirming the gender correction to either male or female. These statements must be attached to the passport application.

- c. Unless the applicant, or her/his applying parent, provides the statements described above, the gender listed on her/his birth documentation will determine the gender to be listed in the passport.

## **7 FAM 1370 APPENDIX M GENDER ERRORS IN ORIGINAL BIRTH CERTIFICATE**

*(CT:CON-653; 03-31-2016)*

- a. If an applicant advises that the gender on her/his birth document mistakenly lists the wrong gender due to typographical error, and there is sufficient time before the listed departure date, refer the applicant to the appropriate issuing vital records office to have the error corrected (IRL 875-33).
- b. If the departure date is imminent, you may issue a limited one year validity passport, listing the applicant’s requested gender, using endorsement code 46 (see [7 FAM 1300 Appendix B](#).) A corrected certified copy of the amended birth document will be required before issuance of a full validity passport in the requested gender.

**7 FAM 1380 APPENDIX M QUESTIONS**

*(CT:CON-653; 03-31-2016)*

- a. Passport agencies and centers must contact AskPPTAdjudication@state.gov for specific guidance.
- b. U.S. embassies and consulates must contact Ask-OCS-L@state.gov for specific guidance.

**7 FAM 1390 APPENDIX M UNASSIGNED**

**7 FAM 1300 APPENDIX M EXHIBIT 1  
MODEL LETTER FOR LICENSED PHYSICIAN  
CERTIFYING TO THE APPLICANT’S GENDER  
CHANGE/TRANSITION**

*(CT:CON-653; 03-31-2016)*

**Licensed Physician’s Letterhead**

*(Physician’s Address and Telephone Number)*

I, (physician’s full name), (physician’s medical license or certificate number), (issuing U.S. State/Foreign Country of medical license/certificate), am the physician of (name of patient), with whom I have a

doctor/patient relationship and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated).

(Name of patient) has had appropriate clinical treatment for gender change to the new gender (specify new gender male or female).

Or

(Name of patient) is in the process of gender transition to the new gender (specify new gender male or female). **(NOTE TO PHYSICIAN ONLY:** Use this sentence only when the patient has just begun or is in the early stages of his or her gender transition.)

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Signature of Physician

Typed Name of Physician

Date

## Appendix E Real ID and the State’s Authority to Change the Gender Designation on a Driver’s License or Identification Card

SDLAs in the United States often have questions about their legal authority to set an appropriate policy for changing gender designations. This became evident with the passage of the REAL ID Act and subsequent publication of implementing regulations (federal) published by the Department of Homeland Security (DHS) in 2008.

Jurisdictional concerns were addressed by DHS during the public comment period for the rule when DHS explicitly stated in response to comments from concerned states that, “DHS will leave the determination of gender up to the States since different States have different requirements concerning when, and under what circumstances, a transgendered [sic] individual should be identified as another gender.” Additionally, in listing what needs to be on the face of the license, the regulations state that the “Gender (as determined by the State) must be displayed.”

Thus, although the REAL ID Act requires states to continue listing “gender” on licenses, states are free to continue to set their own regulations and procedures in this area.

### **(FINAL RULE)**

#### **§ 37.17 Requirements for the surface of the driver’s license or identification card.**

To be accepted by a Federal agency for official purposes, REAL ID driver’s licenses and identification cards must include on the front of the card (unless otherwise specified below) the following information:

- a. Full legal name. Except as permitted in § 37.11(c) (2), the name on the face of the license or card must

be the same as the name on the source document presented by the applicant to establish identity. Where the individual has only one name, that name should be entered in the last name or family name field, and the first and middle name fields should be left blank. Place holders such as NFN, NMN, and NA should not be used.

- b. Date of birth.
- c. Gender, as determined by the State.
- d. Unique Driver’s license or identification card number. This cannot be the individual’s SSN, and must be unique across driver’s license or identification cards within the State.
- e. Full facial digital photograph. A full facial photograph must be taken pursuant to the standards set forth below:
  - (1) States shall follow specifically ISO/IEC 19794-5:2005(E) Information technology—Biometric Data Interchange Formats—Part 5: Face Image Data. The Director of the Federal Register approves this incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain a copy of these incorporated standards from <http://www.ansi.org>, or by contacting ANSI at ANSI, 25 West 43rd Street, 4th Floor, New York, New York 10036. You may inspect a copy of the incorporated standard at the Department of Homeland Security, 1621 Kent Street, 9th Floor, Rosslyn, VA (please call 703-235-0709 to make an appointment) or at the National Archives and Records

Administration (NARA). For information on the availability of material at NARA, call 202-741-6030. These standards include:

- (i) Lighting shall be equally distributed on the face.
  - (ii) The face from crown to the base of the chin, and from ear-to-ear, shall be clearly visible and free of shadows.
  - (iii) Veils, scarves or headdresses must not obscure any facial features and not generate shadow. The person may not wear eyewear that obstructs the iris or pupil of the eyes and must not take any action to obstruct a photograph of their facial features.
  - (iv) Where possible, there must be no dark shadows in the eye-sockets due to the brow. The iris and pupil of the eyes shall be clearly visible.
  - (v) Care shall be taken to avoid “hot spots” (bright areas of light shining on the face).
- (2) Photographs may be in black and white or color.

## ***EXCERPTS FROM THE FINAL RULE***

### **IV. Discussion of Comments**

#### 1. Minimum Driver’s License or Identification Card Data Element Requirements\*

#### 2. Gender

***Comment:*** Two States raised issues about how gender is determined for transgender individuals and whether gender will be included as a verifiable identifier through EVVE.

***Response:*** DHS will leave the determination of gender up to the States since different States have different requirements concerning when, and under what circumstances, a transgendered individual should be identified as another gender. Data fields in EVVE are outside the scope of this rulemaking.

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\* Federal Register Volume 73, Number 19 (Tuesday, January 29, 2008)  
[Rules and Regulations]  
[Pages 5272-5340]  
From the Federal Register Online via the Government Printing Office  
([www.gpo.gov](http://www.gpo.gov))  
[FR Doc No: 08-140]

## Appendix F Canadian Passport Order SI/81-86: Schedule Additional Information

Sex \*

- 4 (1) Where the sex indicated in an application for a passport is not the same as that set out in that applicant's birth certificate, the applicant may be requested to provide an explanation.
- (2) Where an application for a passport indicates that a change of sex of the applicant has taken place, the applicant may be requested to submit a certificate from a medical practitioner to substantiate the statement.

### Identity Management: Change of sex designation for reasons other than a clerical or administrative error †

Historical records, such as an immigration record of landing or a Confirmation of Permanent Residence, will not be amended unless a clerical or administrative error was made by Immigration, Refugees and Citizenship Canada (IRCC). In such instances, the officer should follow the instructions in [\*Change of sex designation due to a clerical or administrative error\*](#).

For other records, below are the general documents that can be submitted to support a request to change the sex designation on IRCC documents.

In addition to the documentary evidence listed below, the applicant must still provide any documents requested as part of the application instruction guide and document checklist to establish identity.

Additional documentation may be requested during the processing of the application. If anything further is required, the officer should contact the applicant.

### Acceptable documents

The following are the three options for documents that can be submitted in order to request a change of sex designation on IRCC documents.

### Documents issued by Canadian provinces or territories

- Legal document issued by provincial or territorial vital statistics organizations indicating a change in sex designation
- Court order
- Amended birth certificate indicating a change in sex designation

If the applicant appears to be eligible for the listed documents issued by Canadian provinces or territories and has not provided adequate reasoning for why a provincial or territorial document was not submitted in their statutory declaration, the application should be returned as incomplete and the applicant should be advised to reapply with the required documentation. See the section on the statutory declaration to request a change of sex designation for acceptable reasons.

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\* "Canadian Passport Order SI/81-86" (February 3, 2016), <http://laws-loisjusticegcca/PDF/SI-81-86pdf>, <http://laws-lois.justice.gc.ca>, Schedule, Section 8 Additional Information: Sex 4(1)(2)

† "Identity Management: Change of sex designation for reasons other than a clerical or administrative error" (March 23, 2016), *Government of Canada, Citizenship and Immigration Canada, Communications Branch*, <http://www.cic.gc.ca/english/resources/tools/id/designation/request.asp>

### *Proof of sex reassignment surgery*

IRCC does not require proof of any sex reassignment surgery in order to amend the sex designation on documents. However, an applicant can, in order to support their request to change their sex designation, submit proof of sex reassignment surgery (partial or full) from a medical practitioner in good standing with the regulatory body under which they practise.

### *Applicants unable to obtain documents issued by Canadian provinces or territories*

If the applicant is unable to obtain or is ineligible for the provincial or territorial documents listed, they must submit the following two documents in English or French:

- a statutory declaration stating that the applicant's gender identity corresponds with the requested change in sex designation and that they are living full time in the gender corresponding to the sex designation requested to appear on the IRCC document, along with a reason why a provincial or territorial document was not issued; and
- a letter from an authorized physician or psychologist following the template provided by IRCC stating that they
  - are a practising member in good standing with the appropriate regulatory body,
  - have treated or evaluated the applicant, and
  - confirm that the applicant's gender identity does not correspond with the sex designation on their IRCC document.

## **Additional requirements**

### *Complete statutory declaration*

On the statutory declaration, applicants are required to provide reasons why they are not providing an amended birth certificate or legal order issued by a provincial or territorial vital statistics organization indicating a change in sex designation.

If the applicant has not provided a reason, the officer should return the entire application as incomplete.

### *Witnesses*

In Canada, a statutory declaration attesting to the applicant's gender identity must be sworn in the presence of one of the following:

- a notary public;
- a commissioner of taking oaths; or
- a commissioner of taking affidavits.

Outside Canada, it must be sworn in the presence of a notary public.

### *Signature of a parent or legal guardian for minors*

If a change of sex designation is being requested on an application for proof of citizenship, a grant of citizenship, permanent residency or a permanent resident card for an individual under 18 years of age, both the applicant and their parent or legal guardian will need to sign and provide proof of parentage or legal guardianship, as stipulated within the appropriate jurisdiction.

### *Letter from a medical professional*

The requirement that a medical professional in Canada be a practising member in good standing with the respective regulatory body should be verified, where possible, on provincial or territorial regulatory bodies' public websites.



- Ontario
  - [College of Physicians and Surgeons of Ontario](#)
  - [College of Psychologists of Ontario](#)
- Quebec
  - [Collège des médecins du Québec](#)
  - [Ordre des psychologues du Québec](#)
- Nova Scotia
  - [College of Physicians and Surgeons of Nova Scotia](#)
  - [The Nova Scotia Board of Examiners in Psychology](#)
- Newfoundland and Labrador
  - [College of Physicians and Surgeons of Newfoundland and Labrador](#)
  - [Newfoundland and Labrador Psychology Board](#)
- Prince Edward Island
  - [College of Physicians and Surgeons of Prince Edward Island](#)
  - [PEI Psychologists Registration Board](#)
- New Brunswick
  - [College of Physicians and Surgeons of New Brunswick](#)
  - [College of Psychologists of New Brunswick](#)
- Manitoba
  - [College of Physicians and Surgeons of Manitoba](#)
  - [Psychological Association of Manitoba](#)
- Saskatchewan
  - [College of Physicians and Surgeons of Saskatchewan](#)
  - [Saskatchewan College of Psychologists](#)
- Alberta
  - [College of Physicians and Surgeons of Alberta](#)
  - [College of Alberta Psychologists](#)
- British Columbia
  - [College of Physicians and Surgeons of British Columbia](#)
  - [College of Psychologists of British Columbia](#)
- Yukon
  - [Yukon Medical Council](#)
  - No association for psychologists
- Northwest Territories
  - The Northwest Territories does not have a college of physicians and surgeons. Practitioners within the territory must be eligible to practise in their own home province or territory and can therefore be verified on the appropriate provincial or territorial college's website.
  - Registrar of Psychologists, Department of Health and Social Services  
8th Floor, Centre Square Tower  
Government of the Northwest Territories,  
Box 1320  
Yellowknife, Northwest Territories X1A 2L9  
Telephone: 867-920-8058
- Nunavut
  - Nunavut does not have a college of physicians and surgeons. Practitioners within the territory must be eligible to practise in their own home province and can therefore be verified on the appropriate provincial or territorial college's website.
  - Registrar, Professional Licensing, Nunavut Health and Social Services  
Government of Nunavut, Box 390  
Kugluktuk, Nunavut X0B 0E0  
Telephone: 867-982-7668

*Further documentary evidence required by line of business*

Applicants may be required to submit further documentary evidence, according to the line of business and where the documentation originated.



## Where documentary evidence originates in Canada

### *Citizenship and permanent residence*

For the citizenship and permanent residence lines of business, if the documentary evidence provided by the applicant originates in Canada, the applicant must submit

- a document issued by a Canadian province or territory indicating the change of sex designation, or a statutory declaration and a letter from a medical professional if they are unable to obtain a document issued by a Canadian province or territory; and
- a signed copy of a *Request for permanent resident card indicating sex different from foreign travel document* if they are applying for changes to a permanent resident card but have not amended their foreign passport or travel document. It should be noted that this document need only be signed by the applicant and does not need to be co-signed by a witness.

See *Change of sex designation for reasons other than clerical or administrative error* for more information.

### *Temporary residence*

For the temporary residence line of business, the sex designation indicated on the IRCC document must reflect what is indicated on the foreign passport.

If an applicant with a valid temporary resident document (such as a work permit, study permit, temporary resident permit, temporary resident visa or visitor record) has their foreign passport amended to reflect a change in sex designation, they will need to apply for a new document, along with all relevant application-related supporting documents, including a linking document for a change of sex designation.

## Where documentary evidence originates outside Canada

### *Citizenship*

For the citizenship line of business, if the documentary evidence provided originates outside Canada, the applicant must submit

- a document indicating a change of sex designation, such as a legal order, court order or amended birth certificate, or a statutory declaration and accompanying letter from a medical professional; and
- photo identification issued by the national, state or provincial (or equivalent) authority where they reside that indicates the amended sex designation.

If the applicant is unable to obtain the supplementary photo identification in the requested sex designation, they must provide a reason (such as fear of persecution or inability to amend foreign documents prior to amending Canadian documents). If photo identification is not provided and the applicant fails to provide an adequate reason, the application must be returned as incomplete.

For applicants residing in Canada, supplementary photo identification can include the following documents issued by a Canadian province or territory:

- a driver's license;
- a health card;
- an age of majority card;
- a social services card; or
- a senior citizen identification card.

For applicants residing outside Canada, supplementary photo identification can include

- an amended foreign passport, for dual Canadian citizens; or
- a national or state identification card.

**Note:** Any copy of a foreign passport or national authoritative document should show the document type and number, issuance date and expiry date and the applicant's full name, photo and date of birth.

## Permanent residence and temporary residence

For permanent residence and temporary residence, if the documentary evidence provided originates outside Canada, the applicant's foreign passport must first be amended to indicate the amended sex designation. The applicant must provide a linking document used as evidence of a change of sex designation that will be copied or scanned and kept in the applicant's file.

For permanent residence and temporary residence lines of business, if the foreign passport has been amended to indicate the requested sex designation, the applicant must submit

- a copy of their foreign passport or other national authoritative document amended to reflect the requested sex designation; **and**
- a document indicating a change of sex designation, such as a legal order, court order or amended birth certificate, or a statutory declaration and accompanying letter from a medical professional, with an official translation if not in English or French; **and**
- photo identification issued by the national, state or provincial (or equivalent) authority where they reside that indicates the amended sex designation.

For applicants residing in Canada, supplementary photo identification can include the following documents issued by a Canadian province or territory:

- a driver's license;
- a health card;
- an age of majority card;
- a social services card; or
- a senior citizen identification card.

For applicants residing outside Canada, supplementary photo identification can include the following documents (with an official translation):

- a national or state identification card; or
- a foreign passport (in addition to the primary one being used for the application), if the applicant is a dual citizen.

**Note:** Any copy of a foreign passport or national authoritative document should show the document type and number, issuance and expiry dates and the applicant's full name, photo and date of birth.

## Recording information regarding change of sex designation requests in GCMS

In all cases, a client note must be recorded to the applicant's unique client identifier (UCI) in GCMS, and the applicant must be notified of the decision to grant or deny the change. If the applicant's request to change the sex designation on their document is granted, the amended sex designation will be recorded in the appropriate field for sex designation (typically Sex or Gender). Once the amended sex designation is recorded, the officer should ensure that the previous sex designation is indicated as the former sex designation.

If the applicant's request to change the sex designation on their document is denied, the officer should ensure that notes on the applicant's record indicate that a request was made as well as the reasons for denying it.

**Date Modified:** 2016-03-23

**safe drivers  
safe vehicles  
secure identities  
saving lives!**



**American Association of Motor Vehicle Administrators**  
4401 Wilson Boulevard, Suite 700  
Arlington, Virginia 22203  
703.522.4200 | [aamva.org](http://aamva.org)