

## GENDER DESIGNATION FORM

<b>PART ONE: TO BE COMPLETED BY APPLICANT</b>
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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: \_\_\_\_\_

<b>PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL AUTHORITY</b>
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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: \_\_\_\_\_