

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)

MALE 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: Physician Therapist/Counselor 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 Male 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: _____

