

GENDER DESIGNATION

North Dakota Department of Transportation, Driver License
SFN 61146 (2-2022)

DLN

PART 1: TO BE COMPLETED BY THE APPLICANT			
Applicant Name (Please Print)		DOB (MM/DD/YY)	
Address	City	State	ZIP Code
Gender Designation Statement: I, the above applicant, wish the gender designation on my document to read: <input type="checkbox"/> Male <input type="checkbox"/> Female			
I hereby certify, under penalty of perjury, that this request for change of sex designation is for the purpose of making my identity document reflect my gender identity and is not for fraudulent or other unlawful purposes.			
Applicant's Signature		Date (MM/DD/YY)	

PART 2: TO BE COMPLETED BY THE HEALTH CARE PROVIDER			
Provider's Name (Please Print)		Clinic, Hospital or Office	
Address	City	State	ZIP Code
Telephone Number	Fax Number		
I am licensed in the United States as a: <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist			
I have treated the above named applicant, and in my professional opinion, a gender role transition has been completed and is permanent. The applicant's gender identity is: <input type="checkbox"/> Male <input type="checkbox"/> Female			
I hereby certify, under penalty of perjury, that all information provided is true and correct.			
Provider's Signature		Date (MM/DD/YY)	