

MASSACHUSETTS GENDER DESIGNATION CHANGE FORM

The RMV 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

PART 1: TO BE COMPLETED BY APPLICANT (Name on current License/ID or Identity documents)			
O Last Name	First Name	Middle	Social Security #
U Last Maine		Midule	Social Security #
• Street Address	City/Town	Zip Code	License/ID #
Gender Designation Statemer	<u>nt:</u>		
I,	wish the gender designation on my (print name from above)		
Driver's License/ID Card to rea	d (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:	
(False statements are punishable by fine, imprisonment, or both. (MGL Chapter 90, Section 24)			
PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER			
O Last Name	First Name	Title	
• Provider's Organizational Na	ma (if appliable)		
	ine (ii applicable)		
• Provider's Street Address	City	State	Zip
• Provider's Tel. # Provider's E-mail Provider's Professional License # and State			
-	n	•	c 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:		
(False statements are punishable by fine, imprisonment, or both. (MGL Chapter 90, Section 24)			
RMV Use Only:			
ALARS ID #:	Batch #:		Date: