



Change of Gender Designation Request

Use this form to request a gender designation change on your Washington driver license, instruction permit, identification (ID) card, enhanced driver license, or enhanced ID card.

Complete the Applicant section and have the medical provider or social service worker familiar with your treatment complete the Medical or social service provider section.

To speed up processing, take this completed form with your Washington driver license, instruction permit, ID card, enhanced driver license, or enhanced ID card to any driver licensing office. Or mail this form **and** a photocopy of your license, permit, or ID card to:

Programs and Services, Record Response
Department of Licensing
PO Box 9030
Olympia WA 98507-9030

If mailed in, we will notify you when your request has been processed.

Incomplete requests will not be processed.

Applicant

TYPE or PRINT Name as it appears on your current driver license or ID card (<i>Last, First, Middle</i>)		Driver license or ID card number
(Area code) Daytime telephone number	Email	If request is mailed, notify me by <input type="checkbox"/> Email <input type="checkbox"/> U.S. mail
Answer the following What gender designation would you like on your driver license or ID card? <input type="checkbox"/> Male <input type="checkbox"/> Female		
I authorize the licensed medical provider below to release information related to this request. <p style="text-align: center;">X _____ Applicant signature</p>		

Medical or social service provider

ONLY a licensed physician, psychiatrist, psychologist, naturopath, advanced registered nurse practitioner, physician assistant, certified osteopathic physician assistant, or social service worker familiar with your treatment may complete this section.

Provider name as it appears on your license		Title
Professional license number	Expiration date	Issuing state/jurisdiction
Hospital or clinic name		
(Area code) Telephone number	Email	
Answer the following What is the gender identification of this applicant? <input type="checkbox"/> Male <input type="checkbox"/> Female		
I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. <p style="text-align: center;">X _____ Provider signature</p>		
Date and place (city or county) signed		