



# MASSACHUSETTS GENDER DESIGNATION CHANGE FORM

Registry of Motor Vehicles  
P.O. Box 55889  
Boston, MA 02205-5889

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)

Last Name First Name Middle Social Security #

Street Address City/Town Zip Code License/ID #

### Gender Designation Statement:

I, \_\_\_\_\_ wish the gender designation on my  
(print name from above)

Driver's License/ID Card to read (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

Last Name First Name Title

Provider's Organizational Name (if applicable)

Provider's Street Address City State Zip

Provider's Tel. # Provider's E-mail Provider's Professional License # and State

I am licensed as a:  Physician  Therapist or Counselor  Psychiatric Social Worker

Other (please describe) \_\_\_\_\_

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: \_\_\_\_\_