



GENDER DESIGNATION CHANGE REQUEST

Use this form to request a change to the gender designation on your Wyoming Driver's License (DL) or Identification Card (IDC), or if you are applying for a first-time Wyoming DL or IDC and are requesting a change of gender designation from that shown on your current identification documents. If you are also changing your name, please provide both current/prior and new name with appropriate original documentation (court order, marriage certificate or divorce decree). This form must be completed in full by you and your medical or social service provider.

Applicant Information and Request for Change of Gender Designation			
Applicant's current/prior full legal name:			
Last name	First name	Middle name(s)	
If changing name, Applicant's new full legal name:			
Last name	First name	Middle name(s)	
Residence street address	City	State	ZIP code
Driver's license or ID number	Telephone number	Email address	
<p>Gender Designation Statement:</p> <p>I, _____, wish the gender designation on my Driver's License/ID Card to designate my gender as (circle one): Male (M) Female (F).</p> <p>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.</p> <p>Signature _____ Date _____</p>			
Medical or Social Service Provider Information and Certification			
Last name	First name	Title	
Provider's organizational name (if applicable)			
Provider's street address	City	State	ZIP code
Telephone number	Email address	Professional license number and state	
<p>I am licensed as a: <input type="checkbox"/> Physician <input type="checkbox"/> Therapist or Counselor <input type="checkbox"/> Psychiatric Social Worker</p> <p><input type="checkbox"/> Other (please describe) _____</p> <p>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 (M) Female (F) and can reasonably be expected to continue as such for the foreseeable future.</p> <p>I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.</p> <p>Signature _____ Date _____</p>			

This form contains private medical information and will be kept confidential and protected under the provisions of the Driver Privacy Protection Act and Driver Services Confidentiality Statement.