



GENDER DESIGNATION FORM

The Maine Bureau of Motor Vehicles 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 I: TO BE COMPLETED BY APPLICANT (Name on current license or ID)

Last Name First Name Middle Social Security #

Street Address City/Town Zip Code License/ID #

Gender Designation Statement

I _____ request 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 may be punishable by fine, imprisonment, or both)

Part II: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER

Provider's Last Name Provider's 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 Social Worker

Other (Qualified Professional – please specify)

In my professional opinion, the applicant's gender identity is (circle one): **Male** **Female**
and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify, under the penalty of perjury that the foregoing information is true and correct.

Signature: _____ Date: _____
(False statements may be punishable by fine, imprisonment, or both)