



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
LICENSE AND REGISTRATION OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-5785/5786
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GENDER DESIGNATION ON A LICENSE OR IDENTIFICATION CARD

Procedure for Changing Designation on Driver's License or Identification Card

Applicants requesting a change of the gender designation on their driver's license or identification card from that showing on their identity proof documents must:

- Surrender any current state-issued license or identification card;
- Submit a completed Gender Designation form; and
- Pay applicable fees for new or updated license or identification card. The applicant shall have a new photograph taken.

Employees shall not request additional gender-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

The Gender Designation Form contains private medical information and will be kept confidential and protected under the provisions of the Driver's Privacy Protection Act of 1994, 18 U.S.C. § 2721 et seq.

Name Change

Name changes related to gender are completed via submission of appropriate court documents and also must be reflected on the [Social Security](#) card. Please refer to the [RI DMV Document Checklist - License and ID Cards](#).

A. APPLICANT'S INFORMATION (COMPLETE ALL FIELDS)

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
DATE OF BIRTH: (MM/DD/YY)		RI DRIVER'S LICENSE # / R.I. ID # / PERMIT #:			SOCIAL SECURITY NUMBER:		
STREET ADDRESS: <small>RESIDENCE ADDRESS</small>			APT/UNIT # or FLOOR #:	CITY/TOWN:		STATE:	ZIP CODE:

I, _____, wish the designation of gender on my driver's license or identification card to read (please check one):

MALE FEMALE

I, the undersigned, hereby make application for either license, state identification card or permit and declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

Signature: _____

Date: _____