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
www.dmv.ri.gov

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 Privacy and Protection Act.

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.

PART ONE: TO BE COMPLETED BY APPLICANT

_____ _____
Last Name First Name Middle Initial Social Security Number

_____ _____
Street Address City/Town State Zip Code License/Identification Number

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:** _____

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE AUTHORITY

_____
Provider Last Name Provider First Name Provider Title

_____
Provider Organization Name (if applicable)

_____ _____
Provider Street Address City/Town State Zip Code Provider Telephone

_____ _____
Provider E-Mail Provider Organization or Professional License Number

I am a: ☐ Physician ☐ Licensed therapist or counselor ☐ Case worker or social worker

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

I, the undersigned, hereby declare under penalty of perjury that all statements made in this section, "Part Two," by me, are true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____