Customer

Physician



New Mexico Taxation & Revenue Department, Motor Vehicle Division

GENDER DESIGNATION CHANGE REQUEST



Use this form to request a change to the gender designation on your New Mexico Driver's License (DL) or Identification Card (ID), or if you are applying for a first-time New Mexico DL or ID 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					
Gender Designation Statement:							
1,		, wish the gender designation on my					
Driver's License/ID Card to designate n	ny gender as <mark>(circle one)</mark> : Male (M)	Female (F).					
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	Signature Date						
Medical or Soci	al 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						
I am licensed as a: Physician	Therapist or Counselor Desychiatr	c Social Worker					
I am licensed as a: Physician	1	c Social Worker					
Other (please describe)	counseling of persons with gender ider						
☐ Other (please describe) My practice includes the treatment and named herein, and in my professional or reasonably be expected to continue as	counseling of persons with gender ider	ntity issues, including the Applicant s (circle one): Male Female and can					

MVD - 10237 INT. 07/10

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Applicant Information and Request for Change of Gender Designation							
Applicant's current/prior full legal name:							
Last name	First nar	ne	Middle name(s)				
If changing name, Applicant's new full legal name	:						
Last name	First nar	ne	Middle name(s)				
Residence street address		City		State	ZIP code		
Driver's license or ID number	Telephor	ne number	Email address				
Gender Designation Statement: I,, wish the gender designation on my Driver's License/ID Card to designate my gender as (circle one): Male (M) Female (F). 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							
	al Serv	ice Provider Information a	and Certi				
		ice Provider Information a					
Medical or Soci	al Serv	ice Provider Information a	and Certi				
Medical or Soci	al Serv	ice Provider Information a	and Certi		ZIP code		
Medical or Soci Last name Provider's organizational name (if applicable)	al Serv	rice Provider Information a	and Certi	fication	ZIP code		
Medical or Soci Last name Provider's organizational name (if applicable) Provider's street address Telephone number	al Serv First nar Email ad Therap	Provider Information a ne City Idress bist or Counselor Psychiatric Ing of persons with gender identity is the applicant's gender identity is the foreseeable future.	Professiona C Social Wo tity issues, (circle one	fication State State Ilicense number orker including th): Male F	ZIP code er and state		