555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Outside Nevada (877) 368-7828
Fax: (775) 684-4829
Website: www.dmvnv.com

MEDICAL CERTIFICATION AND AUTHORIZATION
(GENDER CHANGE)

***PLEASE NOTE*: The Department of Motor Vehicles *MUST* receive this report within 30 DAYS after the date of the examination.**

Driver License Number _____ Date of Birth (MM/DD/YYYY) _____

Patient's Name _____
Last First Middle

Mailing Address _____

Residence Address _____

Daytime Telephone Number _____

Section 2 – certification:
I certify (or declare) under penalty or perjury under the laws of the State of Nevada that the foregoing is true and correct.

_____
Applicants signature Date

AUTHORIZATION

All records of the department relating to the physical or mental condition of any person are confidential and not open to public inspection.
I hereby authorize my physician, to release the information below to the Nevada Department of Motor Vehicles for the purposes of obtaining a driver license or an identification card under my identified gender.

_____
Patient's Signature Date

Section 3 – TO BE COMPLETED BY A PHYSICIAN LICENSED IN THE UNITED STATES
My professional opinion is that the applicant's:

Living Full time as identified gender and undergoing treatment as: ☐ **Male** ☐ **Female**
Gender identification is: ☐ **Male** ☐ **Female**

Section 4 – TO BE COMPLETED BY A PHYSICIAN LICENSED IN THE UNITED STATES

_____
E-mail address Examination date medical case number

_____
Medical license or certification number Issuing State License number

_____
Name of hospital or medical clinic

_____
Mailing address City State Zip Code

_____
Physical address (if different from mailing address) City State Zip code

_____
Full name of physician (print)

_____
Signature of Physician