



MEDICAL CERTIFICATION AND AUTHORIZATION (Gender Change)

SECTION 1 – APPLICANT'S TRUE FULL NAME (TO BE COMPLETED BY THE APPLICANT)				
LAST	FIRST	MIDDLE	DATE OF BIRTH (MM,DD,YYYY)	
MAILING ADDRESS	CITY	STATE	ZIP CODE	CALIFORNIA DRIVER LICENSE/IDENTIFICATION CARD NUMBER
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER ()			SOCIAL SECURITY NUMBER	

SECTION 2 – CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
APPLICANT SIGNATURE X	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 per California Vehicle Code Section 1808.5.

I hereby authorize my physician/psychologist, or health service provider, to release the information below to the California Department of Motor Vehicles for the purpose of obtaining a driver license or an identification card under my preferred gender. _____ (Applicant's Initials)

SECTION 3 – TO BE COMPLETED BY A PHYSICIAN/PSYCHOLOGIST LICENSED IN THE UNITED STATES	
My professional opinion is that the applicant's:	
Gender identification is:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Demeanor is:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Only a physician licensed in the United States can certify that gender identification is complete.	
Gender identification is:	<input type="checkbox"/> Complete <input type="checkbox"/> Transitional

SECTION 4 – TO BE COMPLETED BY A PHYSICIAN/PSYCHOLOGIST LICENSED IN THE UNITED STATES		
FULL NAME OF PHYSICIAN/PSYCHOLOGIST (PRINT)		
<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	EXAMINATION DATE	MEDICAL CASE NUMBER
EMAIL ADDRESS		
MEDICAL LICENSE OR CERTIFICATE NUMBER	ISSUING STATE	TELEPHONE NUMBER ()
NAME OF HOSPITAL OR MEDICAL CLINIC		
MAILING ADDRESS	CITY	STATE ZIP CODE
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	CITY	STATE ZIP CODE

SECTION 5 – CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
SIGNATURE OF PHYSICIAN OR PSYCHOLOGIST X	DATE

SECTION 6 – FOR DMV USE ONLY	
DMV MANAGER OR DESIGNEE'S SIGNATURE: X	DATE LINE STAMP

This form is void five (5) years from the date of the physician or psychologist certification.

**INSTRUCTIONS FOR COMPLETING THE
MEDICAL CERTIFICATION AND AUTHORIZATION
(Gender Change)**

SECTION 1

This section is to be completed by the applicant and must include all required information.

This form cannot be used to establish True Full Name or make a name change. To establish True Full Name or make a name change, you must submit an approved document identified in California Code of Regulations, Title XIII, Article 2, Sections 15.00 and 20.04. The list of approved documents is also available at www.dmv.ca.gov and the Department of Motor Vehicles Fast Facts brochure for Birth Date/Legal Presence and True Full Name.

SECTION 2

This section is to be signed and dated by the applicant.

SECTION 3

This section must be completed by a physician or psychologist licensed in the United States. Either a physician or psychologist can certify that gender identification is transitional or incomplete.

Only a physician can certify that gender identification is complete.

SECTION 4

This section must be completed by a physician or psychologist licensed in the United States.

Only a physician can certify that gender identification is complete.

SECTION 5

This section is to be signed and dated by the physician or psychologist.

SECTION 6

This section is for the California Department of Motor Vehicles (DMV) use only.

Failure to complete all required sections of the Medical Certification and Authorization (Gender Change) form will result in refusal of the Driver License or Identification Card Application (DL 44) and the refusal of a driver license or identification card with requested gender identity.

For further questions or assistance, please call DMV's Record Security and Identification Unit, (916) 657-6613.

This form is void five (5) years from the date of the physician or psychologist certification.