

**GENDER DESIGNATION  
CHANGE FORM**  
B-372 Rev. 4-2017

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
On The Web At ct.gov/dmv



The DMV can only accept original forms with original signatures. Photocopies and faxes are not acceptable. You must surrender the existing driver's license or ID Card that is to be amended.

**PART 1: TO BE COMPLETED BY APPLICANT (Name on current Driver's License/ID or Identity documents)**

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER		
STREET ADDRESS			CITY/TOWN	ZIP CODE	DRIVER'S LICENSE/ID NUMBER

Gender Designation Statement:

I, \_\_\_\_\_ wish the gender designation on my  
(print name from above)

Driver's License/ID Card to read (circle one):    **MALE**    **FEMALE**

**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
<b>X</b>	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

**PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER**

LAST NAME	FIRST NAME	TITLE	
PROVIDER'S ORGANIZATIONAL NAME (If applicable)			
PROVIDER'S STREET ADDRESS	CITY	STATE	ZIP CODE
PROVIDER'S TELEPHONE NUMBER	PROVIDER'S E-MAIL	PROVIDER'S PROFESSIONAL LICENSE NUMBER AND STATE	

I am licensed as a:     **PHYSICIAN**     **THERAPIST OR COUNSELOR**     **PSYCHIATRIC SOCIAL WORKER**  
 **PHYSICIAN ASSISTANT**     **ADVANCED PRACTICE REGISTERED NURSE**

My practice includes the treatment and counseling of persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

**MALE**    **FEMALE**    and can reasonably be expected to continue as such for the foreseeable future.

**I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.**

SIGNATURE	DATE
<b>X</b>	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.