MVD - 10237 INT. 07/10

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 Informa	ition ar	nd Request for Change of C	Gender D	esignatio	n	
Applicant's current/prior full legal name:	1					
Last name	First name		Middle name(s)			
If changing name, Applicant's new full legal name			1			
Last name	First name		Middle name(s)			
Residence street address		City		State	ZIP code	
Residence street address		ony		State	Zii code	
Driver's license or ID number	Telephone number Emai			mail 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 p Driver's License/ID Card is for the purp identity and is not for any fraudulent o	ose of e	nsuring that my Driver's License				
Signature Date						
Signature		Date				
-		rice Provider Information a				
-		ice Provider Information a				
Medical or Soci	al Serv	ice Provider Information a	and Cert			
Medical or Soci	al Serv	ice Provider Information a	and Cert			
Medical or Soci	al Serv	ice Provider Information a	and Cert		ZIP code	
Medical or Soci Last name Provider's organizational name (if applicable)	al Serv	rice Provider Information a	and Cert	ification	ZIP code	
Medical or Soci Last name Provider's organizational name (if applicable) Provider's street address Telephone number	First nan Email ad	City Idress Dist or Counselor Psychiatric	and Cert Title Profession.	State al license numb	ZIP code	
Medical or Soci Last name Provider's organizational name (if applicable) Provider's street address Telephone number I am licensed as a: □ Physician □	Email ad Therap I counsel opinion t	cice Provider Information and the line of persons with gender identity is	Profession. C Social Westity issues	State State orker including t	ZIP code ner and state he Applicant	
Medical or Soci Last name Provider's organizational name (if applicable) Provider's street address Telephone number I am licensed as a: □ Physician □ Other (please describe) □ My practice includes the treatment and named herein, and in my professional of the social street and the	Email ad Therap I counsel opinion to such for	City City	Profession c Social Westity issues c (circle on	State State al license numb orker , including te): Male	ZIP code ner and state he Applicant	