



- Administration
- **Bureau of Motor Vehicles**
- Emergency Management Agency
- Emergency Medical Services
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio Investigative Unit
- Ohio State Highway Patrol



Declaration of Gender Change

To be completed by applicant:

<u>Full Legal Name</u>	<u>Date of Birth</u>
<u>Residence Address</u>	<u>Ohio Driver's License or ID Number</u>
<u>Telephone Number</u>	

I certify under penalty of perjury that the information on this form is true and correct.

(Applicant Signature)

(Date)

I hereby authorize my physician/psychologist to release the information below to the Ohio Bureau of Motor Vehicles for the purposes of obtaining a driver's license or an identification card under my identified gender. _____ (Applicant's Initials)

To be completed by a physician or a licensed psychologist/therapist, who is licensed to practice in the United States that certifies that the gender change is being conducted in accordance with World Professional Association for Transgendered Health (WPATH) Standards of Care.

☐ Physician ☐ Psychologist/Licensed Therapist

Full Name of Physician/Psychologist

<u>Medical License or Certificate Number</u>	<u>Issuing State</u>	<u>Telephone Number</u> ()
<u>Name of Hospital or Medical Clinic</u>	<u>Address</u>	
<u>Examination Date</u>	<u>Medical Case Number</u>	

My professional opinion is that the applicant's:

Birth Gender is:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Gender Identification is:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Gender change is:	<input type="checkbox"/> Complete	<input type="checkbox"/> Transitional

It has been determined this individual is sufficiently ready for, or has completed a gender role transition, and it is intended this role change is to be permanent. This transition may or may not lead to further surgical intervention. I certify under the penalty of perjury that the information on this form is true and correct.

(Signature of Physician or Psychologist)

(Date)

Mission Statement

"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."



Instructions for Declaration of Gender Change

The purpose of this form is to allow an individual, under the guidance and direction of a qualified and licensed medical professional, to change their gender designation. To be qualified, the medical professional must attest that the transition is being conducted in accordance with the guidelines set forth in the World Professional Association for Transgendered Health's (WPATH) Standard of Care. This change is only to be made as part of a permanent, full time gender transition.

If gender identification is marked as transitional, a new form must be submitted for each driver's license/ID renewal until gender identification is complete. If the form is not submitted at renewal, the gender marker will revert back to the original gender.

Each individual is limited to changing their gender back to the original gender on their driver's license or ID card one (1) time.

All records of the Ohio Department of Public Safety or Bureau of Motor Vehicles relating to the physical or mental condition of any person are confidential and are not open to public record.

Send form to:

**Ohio Bureau of Motor Vehicles
Attn: License Control
P.O. Box 16784
Columbus, Ohio 43216-6784**

Phone: 1-614-752-7500

Fax: 1-614-752-7987

Please allow 7-10 days for processing. The applicant will be notified in writing if the gender change is approved, and will receive documentation that may be presented to any local License Bureau agency. The applicant must then surrender their current driver's license as they receive their new, corrected card.