

West Virginia Department of Transportation Division of Motor Vehicles Gender Designation Form



1-800-642-9066
dmv.wv.gov

Procedure for changing your gender designation on your driver's license or identification card

The DMV will change the gender designation on the applicant's driver's license or ID card contingent upon the submission of the this fully and accurately completed form. The applicant is not required to have changed their gender designation on their birth certificate or other forms of identification. DMV employees shall not request additional gender-related information beyond that required on the applicable form or otherwise inquire about the applicant's private medical history or records.

Any name changes require submission of appropriate documentation of the name change and must also be reflected in the Social Security record. Name changes can be processed at any time, regardless of gender designation.

Applicants requesting to change the gender designation on their driver's license or identification (ID) card must:

- Surrender any current state-issued license or identification card (if applicable).
- Submit this Gender Designation Form after it been accurately completed.
- Submit the correct Driver's License or ID Card application and pay the correct fees as outlined on the application. For standard Driver's Licenses and ID Cards, use form DMV-DS-23P to apply. For a Commercial Driver's License, use form DMV-CDL-1.
- Have a new photograph taken for the driver's license or ID card.

PART 1 TO BE COMPLETED BY APPLICANT	
APPLICANT NAME (LAST, FIRST, THEN MIDDLE)	SOCIAL SECURITY NUMBER
STREET ADDRESS	DRIVER'S LICENSE OR ID CARD NUMBER
CITY, STATE, AND ZIP CODE	
I, _____, wish to change the gender on my West Virginia driver's license or identification card to read the gender <input type="checkbox"/> male <input type="checkbox"/> female.	
(X) _____ SIGNATURE OF APPLICANT	_____/_____/_____ DATE

PART 2 TO BE COMPLETED BY LICENSED PHYSICIAN		
PHYSICIAN NAME (LAST, FIRST, AND MIDDLE)	PHYSICIAN TITLE	MEDICAL LICENSE NUMBER
PHYSICIAN ORGANIZATION NAME (IF APPLICABLE)	PHYSICIAN PHONE NUMBER	
PHYSICIAN ADDRESS		
In my professional opinion, the applicant's gender identity is: <input type="checkbox"/> male <input type="checkbox"/> female	I hereby certify under penalty of perjury/law that the information contained herein is true and correct.	
(X) _____ SIGNATURE OF LICENSED PHYSICIAN	_____/_____/_____ DATE	