



Sex (Gender) Designation On A Driver's License Or Identification Card

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Procedure for Changing Designation on Driver's License or Identification Card

Applicants requesting a change of the sex designation on their driver's license or identification card from that showing on their identity proof documents must:

- Surrender any current state-issued license or identification card;
- Submit a completed Sex Designation form; and
- Pay applicable fees for new or updated driver's license or identification card. The applicant shall have a new photograph taken.

Note: Changing the sex on the driver's license or identification card will update the sex in DMV records including driver and registration records but will not create a new driver record.

Employees shall not request additional sex-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

The Sex Designation form contains private medical information and will be kept confidential and protected under the provisions of the Driver Privacy and Protection Act.

Name Change

All name changes are completed via submission of appropriate court documents and also must be reflected on the Social Security card.

Part One: To be completed by applicant

First Name	Middle Name	Last Name		
Social Security Number		Driver's License Number		
Idaho Residence Address	City or Town	State ID	Zip Code	

I, _____, wish the designation of sex on my driver's license or identification card to read (please check one):

Male

Female

I, the undersigned, hereby make application for either driver's license, identification card, or permit and declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

Applicant's Signature	Date
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Part Two: To be completed by the licensed physician

Physician's Name	Physician's Title	Medical License Number		
Physician's Organization Name (If applicable)		Physician's Phone Number		
Physician's Address	City or Town	State ID	Zip Code	
The applicant's sex identity is: <input type="checkbox"/> Male <input type="checkbox"/> Female	This individual has undergone a change of sex. I hereby certify under penalty of perjury that the information contained herein is true and correct.			
	Signature of licensed physician		Date	