



John J. Barthelmes  
Commissioner of Safety

**NH DEPARTMENT OF SAFETY  
Division of Motor Vehicles**

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Elizabeth A. Bielecki  
Director of Motor Vehicles

**Change of Gender Designation**

Please note: This form may not be used for name or address changes. Please fill out a "Record Change Request" form (DSMV 30) for any name and/or address changes. Name changes will require authorized supporting documentation.

Name on Current NH Driver License or Non-Driver ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL or NDID # \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name or PO Box No. Town or City State Zip Code*

I, \_\_\_\_\_ wish to change the gender designation on my NH Driver License  
or Non-Driver Identification card to read (*please check one*):            Male            Female

I hereby certify under penalty of unsworn falsification that this request for change of gender is for the purpose of ensuring my driver license/identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed under penalty of unsworn falsification (RSA 641:3)

**The below certification must be completed by a licensed and qualified Health Care Provider**

In my professional opinion, the applicant's gender identity is (*please check one*):            Male            Female  
and can reasonably be expected to continue as such in the foreseeable future.

Name of Health Care Provider (*please print*): \_\_\_\_\_

*Please check one:*

Physician            Psychologist            APRN            Clinical Social Worker            Clinical Mental Health Counselor

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town or City State Zip Code*

Telephone Number: \_\_\_\_\_

I certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the person whose name appears above is under my treatment and care for the change of gender identity as indicated above by the applicant.

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_