



Robert L. Quinn
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, pursuant to RSA 260:21. *(please check one)*

Male Female Other

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 Other
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: _____