Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Change of Gender Designation

Use this form to request a gender designation change on your Washington driver license, instruction permit, identification (ID) card, enhanced driver license, or enhanced ID card.

Complete the Applicant section and mail this form to:

Programs and Services, Record Response
Department of Licensing
PO Box 9030
Olympia WA 98507-9030

Applicant

TYPE or **PRINT** Name as it appears on your current driver license or ID card *(Last, First, Middle)*		Driver license or ID card number
(Area code) Daytime phone number	Email	If request is mailed, notify me by ☐ Email ☐ U.S. mail

Answer the following

What gender designation would you like on your driver license or ID card? . . . . . ☐ M ☐ F ☐ X

I declare under penalty of perjury under the law of Washington that I am the person listed above.

Date and place

X **When you have completed this form, please print it out and sign here.**

Applicant signature