

	<b>State of Connecticut</b> Department of Motor Vehicles  Division of Driver Regulation		
<b>Policy Title</b>	<b>Gender Identification on Licenses - Transgender</b>		
Policy Number	Division of Driver Regulation-2013-Gender Identification  Approved by: <u>Melody A. Currey</u> 10/16/13 Commissioner Melody A. Currey Date		
Version	1.2		
Date Issued	10/16/2013	Date Effective:	10/16/2013
Next Review:			
Scope:	Authority:		
Legal Cites:	REAL ID Act of 2005, P.L. 109-13, Div. B (2005); 6 CFR §§37.17, 37.19 and CGS 14-36h(a)		
Policy:	Transgender customers who request to change the gender/sex listed on their DMV record must present DMV Form B-372 completed by a physician, therapist, counselor or psychiatric social worker practicing in the area that includes the treatment and counseling of persons with gender identity issues.		
Procedure:	For new and renewing applicants, DMV Form B-372 must be completed and scanned with any identity and other documents presented.		
Business Rules:	NA		
Glossary:	DMV Form B-372 – Gender Designation Change Form		
Fees:	Standard credential fees apply for New, Renewals, Exchanges and Duplicates		
Historical Information (i.e., former policy)	Replaces previous policy and adds Form B-372		

Distribution To: L. Blackwell, B. Callahan, S. Geanuracos, B. Russo, M. Campitelli
Author and Date DRAFT Distributed: 9/20/2013
Date Comments Incorporated: 10/2/2013, 10/9/2013, 10/16/2013
Date FINAL Distributed: 10/16/2013
Date WEBSITE Modified: 10/16/2013
Document Stored: S:\DIU Revokes\License Policy\Final Policies\Gender Identification Policy.doc

**GENDER DESIGNATION  
CHANGE FORM**  
B-372 New 10-2013

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
On The Web At ct.gov/dmv



The DMV can only accept original forms with original signatures. Photocopies and faxes are not acceptable. You must surrender the existing driver's license or ID Card that is to be amended.

**PART 1: TO BE COMPLETED BY APPLICANT (Name on current Driver's License/ID or Identity documents)**

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER		
STREET ADDRESS			CITY/TOWN	ZIP CODE	DRIVER'S LICENSE/ID NUMBER

*Gender Designation Statement:*

I, \_\_\_\_\_ wish the gender designation on my  
(print name from above)

Driver's License/ID Card to read (circle one): **MALE** **FEMALE**

**I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.**

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

**PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER**

LAST NAME	FIRST NAME	TITLE	
PROVIDER'S ORGANIZATIONAL NAME (if applicable)			
PROVIDER'S STREET ADDRESS	CITY	STATE	ZIP CODE
PROVIDER'S TELEPHONE NUMBER	PROVIDER'S E-MAIL	PROVIDER'S PROFESSIONAL LICENSE NUMBER AND STATE	

I am licensed as a:  **PHYSICIAN**  **THERAPIST OR COUNSELOR**  **PSYCHIATRIC SOCIAL WORKER**

My practice includes the treatment and counseling of persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

**MALE** **FEMALE** and can reasonably be expected to continue as such for the foreseeable future.

**I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.**

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.