

## Sample Physician's Letter for Driver's License Gender Marker Change

### Letter Certifying Applicant's Gender Change

I, \_\_\_\_\_,

(Physician's Full Name)

\_\_\_\_\_, \_\_\_\_\_,  
(Physician's medical license/certificate number) (Issuing State/Country of license/certificate)

\_\_\_\_\_, am the physician of \_\_\_\_\_,  
(DEA registration number assigned to physician) (Name of Patient)

for whom I am the attending physician and with whom I have a doctor/patient relationship.

\_\_\_\_\_, has had or is  
(Name of Patient)

undergoing appropriate clinical treatment for gender transition to the new gender of

male       female.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Typed Name of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address and Telephone Number of Physician