



Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Outside Nevada (877) 368-7828
Website: www.dmvnv.com

MEDICAL CERTIFICATION AND AUTHORIZATION
(GENDER CHANGE)
NAC 483.070

SECTION 1 - CERTIFICATION AND AUTHORIZATION - TO BE COMPLETED BY APPLICANT

Nevada Driver License or Identification Card Number _____ Date of Birth _____

Applicant's Name _____
Last First Middle

Mailing Address _____

Primary Physical Address _____

Phone Number (Optional) _____ Email Address (Option) _____

All records of the Nevada Department of Motor Vehicles, relating to the physical or mental condition of any person are confidential and not open to public inspection. I hereby authorize my physician, to release the information below to the Nevada Department of Motor Vehicles for the purposes of obtaining a driver license or an identification card under my identified gender. I hereby certify, under penalty of perjury, that all statements in this application are true and correct.

Applicant's Signature _____ Date _____

SECTION 2 - TO BE COMPLETED BY A PHYSICIAN OR AN OSTEOPATHIC PHYSICIAN LICENSED IN THE UNITED STATES (NAC 483.070)

As a Physician for the above-named patient, I hereby certify that the applicant:

Is undergoing treatment and living full-time as the following identified gender: ___ Male ___ Female

Please print or type and complete in full:

Physician's Name _____
First Middle Last

Physician's License No. _____

Mailing Address _____
City State Zip Code

Phone Number (Optional) _____ Email Address (Option) _____

Physician's Signature _____ Date _____