



STATE OF ARKANSAS  
**Department of Finance  
 and Administration**

**OFFICE OF DRIVER SERVICES**

**Issuance**

1900 West Seventh Street  
 Post Office Box 1272  
 Little Rock, AR 72203  
 Phone: (501) 682-7059  
 Fax: (501) 371-5699  
 www.mydmv.arkansas.gov

**APPLICATION TO AMEND GENDER INFORMATION CONTAINED ON  
 DRIVER'S LICENSE OR IDENTIFICATION CARD**

**INSTRUCTIONS**

This application is required to amend gender information contained on a driver's license or state-issued identification card. For an application to be considered, you must also submit an original or certified copy of an amended birth certificate issued by: (1) the Arkansas Department of Health; or (2) the vital records office of another state or governmental agency.

The gender information on your driver's license or identification card may only be amended to correspond to the gender information stated on the original or certified copy of your amended birth certificate and must be stated as MALE (M) or FEMALE (F). A driver's license or identification card cannot contain gender information stated as "X" or be left blank. Your parent or legal guardian must also sign this form if you are under the age of 18.

<b>APPLICANT INFORMATION</b>		
NAME		
DATE OF BIRTH	PHONE NUMBER	DRIVER'S LICENSE OR IDENTIFICATION CARD NUMBER
ADDRESS		
CITY	STATE	ZIP-CODE

The Applicant above is requesting to amend the gender information contained on the Applicant's driver's license or identification card. The Applicant has attached an original or certified copy of an amended birth certificate issued by the Arkansas Department of Health or the vital records office of another state or governmental agency and requested that his or her driver's license or identification card be changed to:

**MALE (M)**

**FEMALE (F)**

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Printed Applicant Name

Signature of Applicant

Date

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Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

**APPLICATION AND AMENDED BIRTH CERTIFICATE MUST BE IMAGED TO THE ACCOUNT AS A  
 SOURCE DOCUMENT**