



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

**STATEMENT OF GENDER INFORMATION TO BE DISPLAYED ON
DRIVER'S LICENSE OR IDENTIFICATION CARD**

INSTRUCTIONS

The applicant below has applied for the first-time issuance of an Arkansas driver's license or state-issued identification card and presented an identity document [birth certificate, passport, or identification document issued by the U.S. Department of Homeland Security] that contains no gender information or gender information stated as "X". A driver's license or identification card issued by the Office of Driver Services (Office) is required to state the applicant's gender information as MALE (M) or FEMALE (F).

In order to process your application for a driver's license or identification card, you are required to state your gender information as MALE (M) or FEMALE (F) by checking the appropriate box below. If you later renew your driver's license or identification card, it will contain the same gender information you have selected on this form. Your parent or legal guardian must also sign this form if you are under the age of 18.

MALE (M)

FEMALE (F)

APPLICANT INFORMATION		
NAME		
DATE OF BIRTH	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP-CODE

An applicant may subsequently amend the gender information contained on his or her driver's license or identification card by submitting a separate application to amend the gender information and providing the original or a 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. 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).

Printed Applicant Name

Signature of Applicant

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

**STATEMENT AND IDENTITY DOCUMENT MUST BE IMAGED TO THE ACCOUNT AS A SOURCE
DOCUMENT**