

Change of Sex Designation

Instructions

Instructions for an applicant age 18 and above amending their own sex designation:

1. Legibly print your name, the number from your current driver license or identification card (if applicable), the date, your address, and, if a name change is concurrent, your previous name.
 - a. A legal name change document must be provided for any change of name.
2. Mark the sex designation that aligns with your gender identity.
3. Mark the box next to the statement: "I, the above named person, confirm under penalty of law that the sex designation on my driver license/identification card does not align with my gender identity. I have indicated above the sex designation that aligns with my gender identity."
4. Review the affirmation. Sign and date the form.
5. Apply for a credential with an amended sex designation by presenting the completed form DR 2083 at a Driver License office with your application document(s) and/or your current driver license/identification card.

Instructions for a parent amending the sex designation of a minor under age 18:

1. Legibly print the minor's name, the number from the minor's current driver license or identification card (if applicable), the date, the minor's address, and, if a name change is concurrent, the minor's previous name.
 - a. A legal name change document must be provided for any change of name.
2. Mark the sex designation that aligns with the minor's gender identity.
3. Mark the box next to the statement: "I, the parent of the above named minor, confirm under penalty of law that the sex designation on the minor's driver license/identification card does not align with the minor's gender identity. I have indicated above the sex designation that aligns with the minor's gender identity."
4. Review the affirmation. Sign and date the form.
5. Review the "Health Care Provider Authorization (for Minor Under Age 18)." Print and sign your name.
6. The "Health Care Provider Statement (for Minor Under Age 18)" must be completed and signed by a licensed medical or mental health care provider.
7. Apply for a credential with an amended sex designation by presenting the completed form DR 2083 at a Driver License office with the minor's application document(s) and/or the minor's current driver license/identification card. The minor must be present to complete the application and proof of parentage must be provided.

Change of Sex Designation Instructions (continued)

Instructions for a guardian/legal representative amending the sex designation of another person:

1. Legibly print the person's name, the number from the person's current driver license or identification card (if applicable), the date, the person's address, and, if a name change is concurrent, the person's previous name.
 - a. A legal name change document must be provided for any change of name.
2. Mark the sex designation that aligns with the person's gender identity.
3. Mark the box next to the statement: "I, the guardian/legal representative of the above named person, confirm under penalty of law that the sex designation on the person's driver license/identification card does not align with the person's gender identity. I have indicated above the sex designation that aligns with the person's gender identity."
4. Review the affirmation. Sign and date the form.
5. If the person is a minor under age 18:
 - a. Review the "Health Care Provider Authorization (for Minor Under Age 18)." Print and sign your name.
 - b. The "Health Care Provider Statement (for Minor Under Age 18)" must be completed and signed by a licensed mental or medical health care provider.
6. Apply for a credential with an amended sex designation by presenting the completed form DR 2083 at a Driver License office with the person's application document(s) and/or the person's current driver license/identification card. The person must be present to complete the application and proof of guardianship/legal representation must be provided.

Instructions for Providers:

1. Form DR 2083 authorizes you to provide information in support of a change of sex designation for a minor under age 18 on the minor's Colorado driver license, identification card, or identification document.
 - a. You must be a licensed professional medical or mental healthcare provider to complete the form.
2. Complete and sign the form. Include your license or certificate number and the issuing U.S. State/Foreign Country.
3. Return the completed form to the applicant.

Change of Sex Designation

Name (Please print)

DL/ID Number (if applicable)

Date

Address (Include unit or apt. number)

City

State

ZIP Code

Previous Name (if name change is concurrent)

Sex Designation: Male Female X

(Choose one)

I, the above named person, confirm under penalty of law that the sex designation on my driver license/identification card does not align with my gender identity. I have indicated above the sex designation that aligns with my gender identity.

I, the parent of the above named minor, confirm under penalty of law that the sex designation on the minor's driver license/identification card does not align with the minor's gender identity. I have indicated above the sex designation that aligns with the minor's gender identity. (Proof of parentage required. Completion of Health Care Provider Statement and Health Care Provider Authorization required)

I, the guardian/legal representative of the above named person, confirm under penalty of law that the sex designation on the person's driver license/identification card does not align with the person's gender identity. I have indicated above the sex designation that aligns with the person's gender identity. (Proof of guardianship/legal representation required. Completion of Health Care Provider Statement and Health Care Provider Authorization required for persons under age 18)

By signing below, I hereby affirm under the penalty of second-degree perjury in section 18-8-503(1), C.R.S., that the above information and statements are true. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue, punishable by fines, incarceration, and/or loss of driving privileges or identification card. Additionally, I understand that the Department of Revenue may only amend a sex designation for an individual one time upon the individual's request and that any further requests for sex designation changes require submission of a court order.

Signature of Applicant/Parent of Minor Applicant/Guardian/Legal Representative

Name of Parent of Minor Applicant/Guardian/Legal Representative (if applicable)

Health Care Provider Statement (for Minor Under Age 18)

Medical or Mental Health Care Provider Name

License or Certificate Number and Issuing US State/Foreign Country

Street Address

City State ZIP Code

I am a licensed professional medical or mental health care provider for the above named minor. The sex designation on the minor's birth certificate and/or driver license/identification card does not align with the minor's gender identity. In my professional opinion, the minor's sex designation should be changed to the sex designation indicated above in accordance with Colorado Revised Statute 42-2-107(2)(a)(II)(B), 42-2-302(2.5)(a)(II), or 42-2-505(1.5)(a)(II).

Signature of Medical or Mental Health Care Provider

Date

Health Care Provider Authorization (for Minor Under Age 18)

I hereby authorize the health care provider for the above named minor to submit information to the Colorado Department of Revenue's Division of Motor Vehicles (DMV), relating to the minor's sex designation, for the purpose of obtaining a driver license, identification card, or identification document that accurately states their minor's sex designation.

I understand that information received by the DMV will be held in strict confidence per section 42-2-121, C.R.S., and the federal Driver's Privacy Protection Act, 18 USC 2721-25.

Signature of Parent/Guardian/Legal Representative of Minor Applicant

Name of Parent/Guardian/Legal Representative of Minor Applicant