

 \square MALE (M)

OFFICE OF DRIVER SERVICES

 \square FEMALE (F)

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.

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APPLICANT INFO	RMATION		
NAME			
DATE OF BIRTH	PHONE NUMBI	ER	
ADDRESS			
CITY		STATE ZIP	-CODE
identification card by the original or a certi Health or the vital rec your driver's license of	submitting a separation of an amount of an amount of an amount of another identification care	the gender information contained on his ate application to amend the gender in mended birth certificate issued by the other state or governmental agency. The dimay only be amended to correspond of your amended birth certificate and in	formation and providing Arkansas Department of the gender information of to the gender information
Printed Applicant Nan	ne	Signature of Applicant	Date
Printed Name of Paren	t/Legal Guardian	Signature of Parent/Legal Guardian	Date