Nebraska Department of Motor Vehicles

Certification of Sex Reassignment

Applicant’s Name

Applicant’s Driver License Number

Applicant’s Date of Birth

I certify that the above named applicant has undergone the necessary sex reassignment procedures required for social gender recognition and is requesting that a driver license/ID card be issued using

[ ] male [ ] female as the gender.

Select One

Certifying Medical Professional’s Printed Name*

Date

Medical Professional’s Address

Phone Number

Medical Professional’s Signature

* This form must be completed by one of the following: doctors of medicine, doctors of osteopathy, physician assistants, advanced practice nurses or doctors of chiropractic.