DR 2083 (04/15/15)
Colorado Department of Revenue
PO Box 173350
Denver CO 80217-3350

Medical Information Authorization
(Change of Sex Identification)

Name	DL/ID Number	Date
Address	City	ZIP
Previous Name (if name change is concurrent)		

To Be Completed By Licensed Colorado Physician

Physician (Please print)	Colorado Medical License Number

Based on the patient's gender identity and full time gender role expression, or on prior completion of medical sex reassignment, my professional opinion is that the person's gender is:

☐ Male ☐ Female

A complete examination form for this person is on file in my office at:

Address	City	ZIP
Signature of Physician		Date

Attention Physician: please return this form to the subject for inclusion with their driver's license or identification card application.

To Be Completed by Applicant

I hereby authorize my physician to answer the above questions and submit information to the Division of Motor Vehicles, relating to my gender identification, for the purpose of obtaining a driver's licence or identification card under my preferred gender.

I understand that information received by the Division will be held in strict confidence per Colorado Revised Statute 42-2-121 and the federal Driver's Privacy Protection Act, Section 2721.

By signing below, I hereby affirm under the penalty of second degree perjury CRS 18-8-503(1) that the information provided above is my own and the above 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.

Signed	Date

Instructions for Applications

1. If you previously had your sex designation changed on your Colorado driver's license or identification card, using a letter from your physician or mental health care provider, you are grand fathered and no further action is necessary to maintain your current sex designation.

2. Legibly print your name, the number from your current driver's license or identification card, the date, your address and your previous name, if changing your name concurrently. Please sign and date the form, authorizing your physician to provide medical information in support of your application.

3. Form DR 2083 must be completed and signed by a Colorado licensed physician. He or she should indicate your gender on the basis of your gender identity and full time gender role expression or on prior completion of medical sex reassignment. Medical information provided to the DMV will be held in strictest confidence per Colorado Revised Statute 42-2-121 and the federal Driver's Privacy Protection Act, section 2721.

4. Bring the completed form DR 2083 to a DMV office with your current driver's license or identification card and renewal fee. A new photo will be taken, and you will be issued a temporary driver's license or identification document and asked to review it for accuracy. Your new driver's license or ID card will be mailed to you.

Instructions for Physicians

1. Form DR 2083 authorizes you to provide medical information in support of application for change of sex designation on a Colorado driver's license or identification card. You must be a medical doctor licensed in the state of Colorado.

2. Please complete and sign the form, and include your Colorado medical license number. Based on your professional judgment, the patient's gender identity, his/her full time gender role expression, or on prior completion of medical sex reassignment, state your patient's gender, as it should appear on his/her driver's license or ID card.

3. Return the completed form to your patient.