APPENDIX Q:
Template Letter in Support of an Application For Change of Sex Designation on an Ontario Driver’s License

Note: • The letter must be from a physician, psychologist, or psychological associate authorized to practice in Canada and must be on the medical professional or clinic’s letterhead providing an address and phone number.
• Patient must submit an original (not photocopy) signed in blue ink by the provider.

Date: _______________________________________

To: THE ONTARIO MINISTRY OF TRANSPORTATION

Re: Application by (__________________________) for a change in gender designation on their driver’s license.

I am a practicing member in good standing with the ____________________________.

specify the appropriate regulatory body

License No: ________________________________.

I have evaluated the applicant, (__________________________), who is requesting

name of patient as shown on the driver’s license

a change in gender designation from __________________________ to __________________________.

I confirm that the applicant’s gender identity does not accord with the gender designation on the Applicant’s driver’s license and I am of the opinion that the change of gender designation on the driver’s license is appropriate.

Yours truly,

________________________________________

signature and name of provider