

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.
name of patient

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