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

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 _______________________________________________.

License No: _________________________________________________.

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