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Instructions for completing the California DL 328 form¹

Name and address of the facility where you receive services from your physician.	Date the form was completed.
	Patient's ² driver license number
	Record number that physician uses to track patient (if applicable).
	Patient's social security number
Name of physician and business address (if different from above).	Physician's phone number
	Name to which driver license is being changed.
	Physician's name
	Name from top left box.
Patient's birth name (or whatever is the current name on driver license) and date of birth	
This section to be completed by physician. Form may be rejected if this section is not fully completed. Please make sure that a box is checked on each of three lines and date entered in first two lines. Comments need only be made if applicable.	
Witness: should be witnessed by someone at doctor's office, hospital, or clinic.	Patient should sign this form with current name (the one to which the license is being changed).
Address where file is kept.	DMV will fill out this section.
Date examination was completed (can be different than the date the form was completed).	
Physician's name	
Physician's signature	

Tips: Make sure that every section is completed (even if it means putting in an N/A). And, make sure that the DMV officer stamps signs the section in the bottom right corner when you submit it.

¹ These instructions were created by the Transgender Law Center in consultation with the California Department of Motor Vehicles (DMV). If you experience any trouble in filing a form completed using the information in this document, you can request assistance from the DMV policy division at (916) 657-6550.

² "Patient" is the person changing their driver license.