



## Lifetime Disabled Veteran Pass Application

First Name	MI	Last Name	Date of Birth
Mailing Address			
City	State	Zip Code + 4	
Home Phone	Cell Phone	E-mail	

**The following documentation must be submitted with this application (do NOT submit original document):**

- Proof of at least 3 months consecutive, current Washington State residency. Provide one of the following:
  - Current, valid Washington State driver license.
  - Current, valid Washington State Identification card.
  - Current, valid Washington State voter registration card.
  - Washington State senior citizen property tax exemption.
- Proof of at least 30 percent or more combined service-connected disability in the form of an award letter or a letter of certification on letterhead stationery from the Veterans Administration or the Department of Veterans Affairs.

**Passholders Rules:**

- Do not alter or make copies of your pass. Never share your pass or pass number with others.
- Pass holders will be charged \$15 to replace lost, stolen, or damaged passes.
- Pass does not provide discounts on annual permits, reservation fees, extra vehicle fees, roofed shelters, group camps or other services, except as noted.
- Pass cannot be used with any other pass or discount.
- Pass holder must cancel reservations if unable to use them.
- Pass holder must be camping and present at the site to receive a discount.
- Pass is only valid for the person it is issued to. The pass must be valid and physically with you during your visit. Be prepared to provide photo ID.
- All camping discounts and associated benefits are limited to the site the pass holder is camping in. Discounts and fee reductions are limited to 1 campsite or moorage site per night.
- Do not make duplicate or multiple reservations for the same night. Including double sites.
- Camping is limited to 10 consecutive nights at any single park from April 1 through Sept. 30, and 20 consecutive nights the rest of the year.
- Moorage is limited to three consecutive nights at any single park.
- Pass holders are expected to treat park staff with respect, always follow park rules and staff guidance.

**This application can be submitted using one of the following methods:**

- Mail to:  
**Washington State Parks and Recreation Commission**  
**PO Box 42650**  
**Olympia WA 98504-2650**
- E-mail to [passes@parks.wa.gov](mailto:passes@parks.wa.gov)
- Fax to **(360) 586-6640**

**If you have any questions, please call (360) 902-8844.**

**Please allow up to 30 days for processing.**

**Sworn Statement**

I understand that if any of the statements made on this application form are false or inaccurate that I may lose the privileges granted by the pass. I have read the above rules and understand that violation of these rules may result in suspension or revocation of the pass.

Signature of Applicant	Date
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**OFFICE USE ONLY**

Proof of Eligibility: Service-connected disability rating

Proof of Residency: WDL, WA ID, or voter registration county