



Lifetime Disabled Veteran Pass Application

| Applicant Information | | | |
|---|--|-----------|---------------|
| 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): <ol style="list-style-type: none">Proof of at least 3 months consecutive, current Washington State residency. Provide one of the following:<ol style="list-style-type: none">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 combined service-connected disability in the form of an award letter on letterhead stationery from the Veterans Administration or the Department of Veterans Affairs. Letters must be dated no more than two years ago. | | | |
| This application can be submitted using one of the following methods: <ol style="list-style-type: none">Mail to: Washington State Parks and Recreation Commission PO Box 42650 Olympia WA 98504-2650E-mail to passes@parks.wa.govFax to (360) 586-6640 | | | |
| If you have any questions, please call (360) 902-8844. Please allow up to 30 days for processing. | | | |
| Pass Holder Rules | | | |
| Check the box next to each rule to acknowledge you have read and understand each. | | | |
| <input type="checkbox"/> Do not alter or make copies of your pass. Never share your pass or pass number with others. | | | |
| <input type="checkbox"/> Pass holders will be charged \$15 to replace lost, stolen, or damaged passes. | | | |
| <input type="checkbox"/> Pass does not provide discounts on annual permits, reservation fees, extra vehicle fees, roofed shelters, group camps or other services, except as noted. | | | |
| <input type="checkbox"/> Pass cannot be used with any other pass or discount. | | | |
| <input type="checkbox"/> Pass holder must cancel reservations if unable to use them. | | | |
| <input type="checkbox"/> Pass holder must be camping and present at the site to receive a discount. | | | |
| <input type="checkbox"/> 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. | | | |
| <input type="checkbox"/> 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. | | | |
| <input type="checkbox"/> Do not make duplicate or multiple reservations for the same night. Including double sites. | | | |
| <input type="checkbox"/> 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. | | | |
| <input type="checkbox"/> Moorage is limited to three consecutive nights at any single park. | | | |
| <input type="checkbox"/> Pass holders are expected to treat park staff with respect, always follow park rules and staff guidance. | | | |
| 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 |
| OFFICE USE ONLY | | | |
| Eligibility | Service-connected disability rating | | |
| Residency | WDL, WA ID, or voter registration county | | |