

WASHINGTON STATE PARKS & RECREATION COMMISSION INFORMATION CENTER

Lifetime Disabled Veteran Pass Application

Applicant information							
First Name	MI	Last Na	st Name		Date of Birth		
Mailing address		City			State	Zip code	
Walling address		City		State	Zip code		
Home Phone	Cell Phone			Email			
 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:							
3. Fax 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.							
 Don't alter, make copies or let others use your pass. There is a \$15 replacement fee. This pass can't be used with any other pass or discount. You must cancel reservations if you're unable to use them. The pass holder must register and be present to receive a discount. Your pass must be with you during your stay. Be prepared to show the pass and photo ID. The camping discount is only for the pass holder's site. Discounts are limited to 1 campsite or moorage site per night. Don't make duplicate or multiple reservations for the same nights. Including double sites. Campsites and moorage are for recreational use only. Stay limits apply, see park rules. Pass holders are expected to treat park staff with respect, 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	Print Name		1	Date			
Office use only							
Residency proof provided		2. 1	Disability proof provided				

DAN: 16-09-69010

RETAIN: Until pass expired