



One and Five-Year Disability Pass Application

Applicant information

First Name	MI	Last Name	Date of Birth
Mailing address	City	State	Zip code
Home Phone	Cell Phone	Email	

Submit the following supporting documentation. Do NOT submit original documents.

1. Proof of residency. Documents must be current, valid and at least 3 months old. Submit one of the following:
 - a. Washington State driver license,
 - b. Washington State ID card or
 - c. Voter registration card.
2. Proof of permanent or temporary disability benefits as defined by the Social Security Administration. Submit one of the following:
 - a. Disabled Parking placard ID card issued by Washington State Department of Licensing,
 - b. Letter from a state, federal or other organization confirming eligibility for disability benefits on official letterhead,
 - c. Visual acuity test to indicate legal blindness,
 - d. Audiogram indicating profound deafness,
 - e. Don't see yourself here? Contact us.

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

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

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

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.
- ☐ Pass holder must be the occupant and present for all reservations.
- ☐ 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	Date
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Office use only

1. Residency proof provided	2. Disability proof provided
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