

WASHINGTON STATE PARKS & RECREATION COMMISSION INFORMATION CENTER

Lifetime Disabled Veteran Pass Application

Applicant information								
irst name		MI	Last	Last name			Date of birth	
Mailing address			City			State	Zip code	
Home phone	Cell phone				Email			
 The following documentation must be submitted with this application (do NOT submit original documents): Proof of at least 3 months consecutive, current Washington State residency. Provide one of the following: a. Current, valid Washington State driver license. b. Current, valid Washington State Identification card. c. Current, valid Washington State voter registration card. d. Washington State 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. Letter must be addressed to a Washington state address and match the name on your proof of residency. 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 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			С	Oate			
Office use only								
Residency proof provided				2. Disability proof provided				

DAN: 16-09-69010

RETAIN: Until pass expired