



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:

1. Proof of at least 3 months consecutive, current Washington State residency. The following documents are acceptable as proof of residency:
 - 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 senior citizen property tax exemption.
2. 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:

1. Pass must be valid and present with you during your visit.
2. Pass holder must be camping at the site to receive the discount.
3. Campers are limited to a 10-day stay from April 1 through September 30, and a 20 day stay the rest of the year.
4. Moorage is limited to three consecutive nights at any single park
5. Pass cannot be used in conjunction with any other pass or discount.
6. Pass only valid for person issued. Proof of identification required at check in.
7. You must cancel your reservation if you are unable to use it.
8. Do not make duplicate or multiple reservations for the same night.
9. A fee of \$15 will be charged for replacement of lost, stolen, or damaged passes.
10. Pass does not provide discounts on annual permits, reservation fees, extra vehicle fees, roofed shelters, or other services, except as noted.
11. Do not alter, or make copies of your pass

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

1. Mail to:
Washington State Parks and Recreation Commission
1111 Israel Road SW
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.

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 if 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

