

Lifetime Disabled Veteran Pass Application

Applicant information					
First Name	MI	Last Name			Date of Birth
Mailing address	0	City	Stat		Zip code
Home Phone Cell Phone		Email			
The following documentation must be submitted with this application (do NOT submit original document):					
1. 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 senior citizen p					
2. Proof of at least 30 percent combined			form of a	n award let	er on letterhead
stationery from the Veterans Administ	ration or the	Department of Vetera	ns Affairs.	Letters mu	st be dated within
two years of application date.					
This application can be submitted using o	ne of the fo	ollowing methods:			
1. Mail to:					
Washington State Parks and Recrea	tion Comm	ission			
PO Box 42650					
Olympia WA 98504-2650					
2. E-mail to <u>passes@parks.wa.gov</u>					
3. Fax to (360) 586-6640					
If you have any questions, please call (360) 902-8844. Please allow up to 30 days for processing.					
	J) 902-0044	. Please allow up to 3	u days foi	rprocessin	g.
Pass holder rules) 902-6644	. Please allow up to 3	U days foi	rprocessin	lg.
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