



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

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. 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	Date
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Office use only

1. Residency proof provided	2. Disability proof provided
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