



To obtain your Disability Pass, you must submit the following:

- 1. Application for Washington State Parks Disability Pass. Detach and send to address listed. Passes may take up to 30 days to process.
2. Proof of 12 Consecutive Months Residency in Washington State may be a copy of one of the following:
- Your Washington State Driver's License.
- Your Washington State Voter's Registration Card.
- Your Washington State Senior Citizen Property Tax Exemption.
3. Proof of Disability
The One or Five Year Disability Pass: Proof of developmental disability, as defined in RCW 71A.10.020(3), legal blindness, profound deafness, or other permanent disabilities by the United States Social Security Administration may be certified on letterhead by the authorizing agency, or attested to on the back of the pass application form by the authorizing agency or doctor.
The Disabled Veterans Lifetime Pass: Any resident of Washington who is a veteran and has a service-connected disability of at least 30 percent shall be entitled to receive a lifetime veteran's disability pass at no cost to the holder.

Replacements: Only available at Olympia Headquarters (360) 902-8500.

Do not need Certification if proof of disability is provided as stated on other side.

CERTIFICATION OF DOCTOR OR AGENCY

Applicant: Attach Certificate of Disability or have the following completed, then sign below

I certify that

- (APPLICANT'S NAME) is:
[ ] Profoundly Deaf (Doctor)
[ ] Legally Blind (Doctor)
[ ] Developmentally disabled and receiving financial support related specifically to the disability from the State Dept. of Social & Health Serv. (DSHS)
[ ] Disabled as defined by Social Security Administration, and receiving disability payment from any government or non-government source. (SSA)
[ ] A military veteran, and has a service connected disability of at least 30% (VA) % of SCD

DISABILITY IS (CHECK ONE):

- [ ] Temporary [ ] Permanent
If Temporary, length of disability is \_\_\_\_\_ months.

X SIGNATURE OF AUTHORIZED REPRESENTATIVE OR DOCTOR

AGENCY

ADDRESS

I hereby authorize the above agency or institution to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released by Parks & Recreation Commission without my approval or a court order.

X SIGNATURE OF APPLICANT

DATE

APPLICATION FOR DISABILITY PASS AND VETERAN'S LIFETIME PASS

NAME:
MAILING ADDRESS:
CITY/STATE/ZIP CODE:
TELEPHONE NUMBER: BIRTHDATE: AGE:

OFFICE USE ONLY
PASS NUMBER: DATE ASSIGNED: RNWL: LOST: INITIAL:
TYPE OF DOCUMENT:
[ ] Proof of Residency Received
[ ] Proof of Eligibility Received

Return To:
Washington State Parks & Recreation Commission
1111 Israel Road SW
PO Box 42650
Olympia WA 98504-2650