



Required documentation to obtain your Disability Pass. (WAC 352-32-251)

- 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 3 Consecutive Months Residency in Washington State may include but is not limited to:
- 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 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: There is a \$15 Administrative fee for lost, stolen or damaged passes that need replaced. Contact Olympia Headquarters at (360) 902-8844 or infocent@parks.wa.gov.

Do not need Certification if proof of disability is provided in letter form on letterhead.

CERTIFICATION OF DOCTOR OR AGENCY

Attach Certificate of Disability OR have the following completed by authorizing agent.

I certify that _____ is:
(APPLICANT'S NAME)
[] 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)
DISABILITY IS (CHECK ONE):
[] Temporary [] Permanent
If Temporary, length of disability is _____ months.
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.
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:
Return To:
Washington State Parks & Recreation Commission
1111 Israel Road SW
PO Box 42650
Olympia WA 98504-2650