



ARIZONA STATE PARKS

1300 West Washington

Phoenix, Arizona 85007

APPLICATION FOR DISABLED VETERANS ANNUAL PASS

(No fee required)

The Arizona State Parks Department will issue a Disabled Veterans Annual Pass to a disabled veteran who has a service connected disability rated as 100% disabling, who is receiving compensation, and who has been a bona fide resident of Arizona for one or more years. A Disabled Veterans Annual Pass is valid through year 2014.

A Disabled Veterans Annual pass will grant park entrance to all Arizona State Parks. However, this pass does not include the cave tours at Kartchner Caverns. The following are rules and regulations for the Disabled Veterans Annual Pass:

1. Individual may request a Disabled Veterans Annual Pass by submitting an application to Arizona State Parks: Attn: Disabled Veterans Annual Pass, 1300 West Washington, Phoenix, AZ 85007.
2. Upon verification and approval of the application, a Disabled Veteran must submit a copy of a AZ Drivers License or AZ Identification card along with a copy of a letter from VA office showing Veteran is 100% disabling.
3. The pass will be valid at all Arizona State Parks for Day-Use access ONLY.
4. Pass cannot be applied toward other park fees; some programs/event may charge an additional fee.
5. Pass is not valid without owner's name on it. Pass holder may be asked to show identification.
6. Pass holder shall hang/display the dated "hanging card" from the rearview mirror for entrance. The "wallet card" is for parks without a controlled vehicular access point only.
7. Pass does not allow the use of camping facilities including showers, dump station, or for stowage of water of more than 5 gallons from the park.
8. Pass does not guarantee admission to a park that has been closed, restricted, or reached capacity.
9. It is illegal to copy or alter this pass, however card can be laminated.
10. Nontransferable.

Applicant Information

*An applicant for a Disabled Veterans Annual Pass must provide the following information.
(Please Print or Type)*

Full Name: _____ Birth Date: _____

Address: _____ Social Security # _____

City: _____ State: _____ Zip Code: _____

Home telephone: _____ Cell number: _____

Would you like to receive updated information on Arizona State Parks?

Yes I would like to receive Arizona State Parks information.

No I would not like to receive Arizona State Parks information.

e-mail address: _____

Applicant's Signature

Date