

## San Bernardino County Regional Parks Disabled Veteran Admission Pass Application

Name:			
Physical Address (no P.O. Box):			
City:	State:	Zip:	
Phone Number: ()			
Email:			
Date of Birth: Social Security Number:			
Is this a replacement for a previously-issued Parks Pa	ss? No	Yes	
Military Service Branch: B	Entry Date:	Dischar	ge Date:
Military Serial Number (if different from Social Security Number):			
VA Claim Number ( <i>if applicable</i> ):		_ Disability Ra	ating:%
defined in U.S. Code of Federal Regulations Title 38, with a disability rating of 50% or greater from the U.S. Dept. of Veterans Affairs. I understand that this pass is for San Bernardino County Park entrance fees only and does not include the cost of camping, fishing, or any other Park activities.			
Veteran's Signature Date			
<ul> <li>Print, sign and return completed form to the closest County VA office:</li> <li>San Bernardino County Veterans Affairs</li> <li>222 W. Hospitality Ln., 3<sup>rd</sup> floor • San Bernardino, California 92415-0470 15900 Smoke Tree Street • Hesperia, California 92345</li> <li>8575 Haven Ave., Ste. 160 • Rancho Cucamonga, California 91730</li> </ul>			
Veterans Affairs Department Use Only         Disability rating verification:			
Date VARO	USDVA VBC	SC Rating	VSR
Regional Parks Department Use Only Pass issuan	ice:		
Date         Pass Number         By			