

Application Form

Please check one type of pass below:

NOTE: Fees are subject to change

- \$50 Annual Park Pass \$75 Non-Resident Annual Pass
 \$25 2nd Household Pass \$35 Non-Resident 2nd Pass
(Must be purchased at the same time as the first annual pass)
 \$100 Oversized Vehicle Annual Park Pass
(Oversized = vehicles that do not fit into a 10'x20' parking space)
 \$150 Non-Resident Oversized Vehicle Annual Park Pass
 Free - Disability Pass Free - Senior Citizen Pass
(Trenton Office only)
NJ State Park Service - Mail code 501-04
P.O. Box 420
Trenton, New Jersey 08625-0420

Name: _____

Address: _____

_____ Zip Code _____

Tel. No.: (____) _____ - _____

TO BE COMPLETED ONLY IF PURCHASING AN ANNUAL PARK PASS BY MAIL

Method of Payment (if applicable):

- Cash Check Money Order Credit Card

Do not send cash. Make checks and money orders payable to **"Treasurer, State of New Jersey."**

Type of Card: _____ Exp. Date _____/_____/_____

Credit Card Number: _____

Signature: _____

Please be sure to include credit card number ***and*** expiration date.

FOR OFFICIAL USE ONLY

Pass No. (if applicable): _____

Issuing Area: _____

Date Issued: _____

Expiration Date (Disability Pass): _____

Supporting Documentation for...

Annual Park Pass - Please check off and attach a copy of one New Jersey residency verification document.

New Jersey Residency Verification Documents:

- Valid Driver's License
 Government Issued ID

Senior Citizen Pass - Please check off and attach a copy of one age verification document **AND** one copy of a New Jersey residency verification document (except as indicated below).

Age Verification:

- Birth Certificate
 United States Passport
 Valid Driver's License (NOTE: Attach only one copy of a valid driver's license to verify age and residence.)

New Jersey Residency Verification Documents:

- Valid Driver's License (NOTE: Attach only one copy of a valid driver's license to verify age and residence.)
 Government Issued ID

Disability Pass (Issued from the Trenton Office only) - Please check off and attach a copy of one disability verification document **AND** one copy of a New Jersey residency verification document.

Disability Verification:

- Social Security Certificate of Disability (Certification of Disability Determination)
 Supplemental Security Income (SSI) (Notice of Decision Certificate for Total Disability)
 Certification by the NJ Commission for the Blind verifying the individual is blind.
 Medical Certification signed by a licensed, practicing physician.

New Jersey Residency Verification Documents:

- Valid Driver's License
 Government Issued ID

Disability Pass Medical Certification Form

The following information is required to verify the applicant's request for a free NJ State Park Service Disability Pass. A disabled person is defined as a person with a physical or mental impairment that substantially limits one or more of the major life activities. This means the individual is limited in his or her ability to perform such functions as caring for oneself, executing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.

Applicant's Name: _____

Applicant's Address: _____

1. Please check the extent to which you believe the applicant will be or is disabled:

- Permanently Temporarily

If temporary, please indicate the approximate date when the applicant, in your opinion, would no longer be disabled.

_____ Month _____ Year

2. I last examined the applicant on _____ day of _____, 20____.

Physician's Original Signature Date
(stamp not accepted)

Doctor's Name (Please Print): _____

Doctor's Address: _____

Doctor's Telephone Number:

(____) _____ - _____