

**WEST VIRGINIA STATE PARKS & RECREATION**  
**324 4<sup>th</sup> Avenue**  
**South Charleston, WV 25303**

**Application for a State Recreational Area Campsite Discount Card  
for a Totally and Permanently Disabled West Virginia Resident**

Please provide all of the following information (please type or print):

_____			
Last Name	First Name	Middle Initial	
_____			
Street or P.O. Box	City	State	Zip

I certify that I am a West Virginia resident who is totally and permanently disabled. I understand that any false statement will result in denial or revocation of campsite discount card.

Phone number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL CERTIFICATE OF TOTAL AND PERMANENT DISABILITY**

Medical certificate must be completed by a physician **LICENSED IN WEST VIRGINIA**.

_____			
Name of Disabled Person (type or print)			
_____			
Physician (type or print)		Physician's WV License Number (required)	
_____			
Street or P.O. Box	City	State	Zip

I hereby certify that this person has a total and permanent disability

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Mail completed form to address above for processing*