

WEST VIRGINIA STATE PARKS & RECREATION

1900 Kanawha Boulevard, East
State Capitol Complex
Building 3, Room 715
Charleston, WV 25305-0662

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.

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