

WEST VIRGINIA STATE PARKS & RECREATION
324 4th Avenue
South Charleston, WV 25303-1228

**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/Advanced Practice Registered Nurse
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