

WEST VIRGINIA STATE PARKS & RECREATION
112 California Ave, Building 4, 3rd Floor
Charleston, WV 25305

**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 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