



# Colorado Parks and Wildlife Columbine Annual Pass Application

The Columbine Annual Pass is offered at a discounted rate to qualified Colorado residents. To qualify, you must provide ONE of the following documents which verifies you have a *total and permanent disability*.

- o The Social Security Administration "BPQY" or **BENEFIT VERIFICATION** form showing a permanent and total disability (obtained by calling the SSA at 1-800-772-1213)
- o Letter from the Veterans Administration indicating at least a 60% rated service-connected disability (call the VA at 1-800-827-1000 for information)
- o A licensed physician's signed statement attesting to a *physical or mental impairment which prevents gainful employment and is reasonably certain to continue throughout the applicant's lifetime*.
- o Colorado State Division of Worker's Compensation "Final Admission of Liability" form indicating permanent and total disability.

**Please provide a copy of your Colorado Driver's License or Colorado I.D. when mailing in your application.**

The Columbine Annual Pass is valid for a 12 month period from the date of purchase. The pass holder must be present for the pass to be valid. With this \$14.00 pass, the pass holder and other vehicle occupants will be allowed unlimited entrance to Colorado State Parks for the duration of the pass in any vehicle they choose. An additional \$3.00 annual fee for the Cherry Creek Water Basin Authority is charged upon visiting Cherry Creek State Park.

**Please print clearly. Incomplete or unreadable applications will not be processed.**

CID (if known): \_\_\_\_\_

Month & Year started living in Colorado (MM/YYYY): \_\_\_\_\_

Name: \_\_\_\_\_ Colorado DL\* or ID #: \_\_\_\_\_

\* If youth, please put parent/legal guardian's ID #

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE BY LAW, 33-12-105(2) CRS. ANY PERSON WHO MAKES ANY FALSE STATEMENT OR GIVES ANY FALSE INFORMATION IN CONNECTION WITH PURCHASING OR SELLING A PASS IS GUILTY OF A CLASS 2 PETTY OFFENCE AND, UPON CONVICTION, SHALL BE PUNISHED BY A FINE OF TWO HUNDRED DOLLARS, AND ANY SUCH STATEMENT, INFORMATION, OR ALTERATION SHALL RENDER SUCH PASS VOID. This information will be verified as deemed appropriate.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature of Parent or Guardian, if applicant is minor child or individual unable to complete this application.*

Mail this form (walk-ins also accepted), the above-mentioned documents, and a check or money order (no cash) for \$14.00 payable to Colorado Parks and Wildlife to:

**License & Pass Administration  
Attn: Columbine Pass  
6060 Broadway  
Denver CO 80216**

Please call 303-297-1192 with any questions regarding the Columbine Annual Pass.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 11/2018