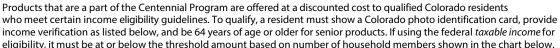
## Centennial Program

## LIVE LIFE OUTSIDE





2024 Guidelines for 48			The	se products a	re also av	ailahla a	t all CDW (	Offices & St	ato Dar
Contiguous States & DC			These products are also <b>available at all CPW Offices &amp; State Parl</b> Please check the products you would like to purchase:						
			Piea	ise check the	products	you woul	id like to pi	urchase:	
# of Household	Income (Line 1		_						
Members	on tax forms)	)	Ш	Centennial P					
				This pass is va	alid from th	e date of p	urchase and	through the l	last day c
1	\$15,060			the same mor	nth in the fo	llowing ye	ar. With this	s pass, the Ce	ntennial
2	\$20,440			Park Pass hold					
3									
	\$25,820			Colorado's St				ose. The pass i	noiaer m
4	\$31,200			be present in t		•			
5	\$36,580		ш	Cherry Creek S					. If you wa
6	\$41,960			to visit this park	c please inclu	ude this fee	in your paym	ent total.	
7	\$47,340								
8	\$52,720			<b>Centennial S</b>	enior Lifet	ime Fishi	ng License	<b>-\$11.21</b> This	product
0	732,720		Centennial Senior Lifetime Fishing License -\$11.21 This product only offered to resident seniors 64 years of age or older. This is a						
For households with mo	ore than 8 persons, add 9	\$5,380		lifetime licens					
for each a	dditional person.								
			_	year. Lifetime fishing licenses also grant access to State Wildlife					
qualify, <b>please provid</b> <b>lowing</b> documents (or			Ц	Extra Rod Star include this am					oles, pleas
				include this uni	ount in your	payment	otal. Heriewak	ne cuerry cur.	
	al income tax form 10						***		
2023 U.S. federal income tax form 1040-SR			Ш	Centennial S					
	ity letter or card for ar			This pass is <u>vo</u>	<u>ılid from M</u>	arch 1st to	March 31st c	of the following	g year. W
following prog	rams: SNAP, TANF, LE	AP, Health		this pass, indi	viduals wil	be allowe	ed access to	Colorado's S	tate
First Colorado (	(Medicaid), FDPIR or W	VIC		Wildlife Area					
Affidavit*				You do not ne					i uiks.
		a musima al tra fila							
our income is at a level s eral in come tax return w the affidavit provided o effect under penalty of	ithin the last calendar ye n the back of this applic perjury.	ear , you must ation as proof to		or fishing licer		g the abov		_	se.
eral in come tax return w the affidavit provided o	ithin the last calendar ye n the back of this applica perjury.	ear , you must ation as proof to	Leg	or fishing licer al Middle Name		g the abov		e Fishing Licen	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio	ithin the İast calendar ye n the back of this applic perjury. n # (CID) Legal First I	ear , you must ation as proof to	Leg	al Middle Name		g the abov		_	se.
eral in come tax return w the affidavit provided o effect under penalty of p	ithin the last calendar ye n the back of this applic perjury.	ear , you must ation as proof to	Leg	_		g the abov		_	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio	ithin the İast calendar ye n the back of this applic perjury. n # (CID) Legal First I	ear , you must ation as proof to	Leg	al Middle Name		g the abov		_	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio	ithin the İast calendar ye n the back of this applic perjury. n # (CID) Legal First I	ear , you must ation as proof to	Leg	al Middle Name		g the abov		al Last Name	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio Date of Birth	ithin the İast calendar ye n the back of this applic perjury. n # (CID) Legal First I	ear , you must ation as proof to	Leg	al Middle Name		g the abov	Lega State	al Last Name  Zip	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio  Date of Birth  Physical Address	ithin the last calendar ye n the back of this applic perjury. n # (CID) Legal First I Phone	ear , you must ation as proof to	Leg	al Middle Name		g the abov	Lega	al Last Name  Zip	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio Date of Birth	ithin the last calendar ye n the back of this applic perjury. n # (CID) Legal First I Phone	ear , you must ation as proof to	Leg	al Middle Name		g the abov	Lega State	al Last Name  Zip	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio  Date of Birth  Physical Address  Mailing Address (if diff	ithin the last calendar ye n the back of this applic perjury. n # (CID) Legal First I Phone	ear , you must ation as proof to Name		al Middle Name Email			Lega State	al Last Name  Zip	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio  Date of Birth  Physical Address	ithin the last calendar ye n the back of this application perjury. n # (CID) Legal First I Phone	ear , you must ation as proof to		al Middle Name	City		State CC	al Last Name  Zip	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio  Date of Birth  Physical Address  Mailing Address (if diff Ethnicity (optional)	retent than above)  Gender  Gender	ear , you must ation as proof to  Name  Height	W	al Middle Name Email Veight	City Hair C	olor	State CC  Eye C	Zip	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio  Date of Birth  Physical Address  Mailing Address (if diff	retent than above)  Gender  Gender	ear , you must ation as proof to  Name  Height  Month & Year :	W	al Middle Name  Email  Veight  Living in CO	City Hair C	olor Social Secu	State CC	al Last Name  Zip  Color	se.
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio  Date of Birth  Physical Address  Mailing Address (if diff Ethnicity (optional)	retent than above)  Gender  Gender	ear , you must ation as proof to  Name  Height	W	al Middle Name Email	City Hair C	olor Social Secu	State CCC  Eye C	al Last Name  Zip  Color	se.
eral in come tax return we the affidavit provided of effect under penalty of Customer Identification  Date of Birth  Physical Address  Mailing Address (if diffection of the company of th	rithin the last calendar yen the back of this application in the last calendar year the back of this application.  Phone  Phone  Gender  Gender	ear , you must ation as proof to  Name  Height  Month & Year :	W Started Y	eal Middle Name  Email  Veight  Living in CO	City Hair C	olor Social Secu *only require	State CC  Eye C	al Last Name  Zip  Color	se.
eral in come tax return we the affidavit provided of effect under penalty of Customer Identification  Date of Birth  Physical Address  Mailing Address (if diffection of the company of th	retent than above)  Gender  Gender	ear , you must ation as proof to  Name  Height  Month & Year :	W Started Y	eal Middle Name  Email  Veight  Living in CO	City Hair C	olor Social Secu *only require	State CC  Eye C	al Last Name  Zip  Color	se.
eral in come tax return we the affidavit provided of effect under penalty of Customer Identification  Date of Birth  Physical Address  Mailing Address (if diffection of the company of th	rithin the last calendar yen the back of this application in the last calendar year the back of this application.  Phone  Phone  Gender  Gender	ear , you must ation as proof to  Name  Height  Month & Year :	W Started Y	eal Middle Name  Email  Veight  Living in CO	City Hair C	olor Social Secu *only require	State CC  Eye C	al Last Name  Zip  Color	se.
eral in come tax return we the affidavit provided of effect under penalty of Customer Identification  Date of Birth  Physical Address  Mailing Address (if diffection of the company of th	rithin the last calendar yen the back of this application in the last calendar year the back of this application.  Phone  Phone  Gender  Gender	ear , you must ation as proof to  Name  Height  Month & Year :	W Started Y	eal Middle Name  Email  Veight  Living in CO	City Hair C	olor Social Secu *only require	State CC  Eye C	al Last Name  Zip  Color	se.
eral in come tax return we the affidavit provided of effect under penalty of Customer Identification  Date of Birth  Physical Address  Mailing Address (if diffection of the company of th	retinin the last calendar year the back of this application in the last calendar year the back of this application.  Phone  Phone  Gender  Gender  edicaid, FDPIR, or WIC: Calendar year the last calendar year.	ear , you must ation as proof to  Name  Height  Month & Year :  Month ard Number, Case N	Started Y	eal Middle Name  Email  Veight  Living in CO  Year  or Type of Documents	City Hair C	olor Social Secu *only require If applicable	State CC  Eye C  rity Number of d for Senior Fishire)	al Last Name  Zip  Color	se.
eral in come tax return we the affidavit provided of effect under penalty of Customer Identification  Date of Birth  Physical Address  Mailing Address (if diffection of the company of th	retained the first calendar year the back of this applications will not be	Month Month	Started Yumber	Email Veight Living in CO Year Or Type of Docu	City Hair C	olor Social Secu *only require If applicable	State CC  Eye C  rity Number ( d for Senior Fishir e)	Zip Color Or ITIN ng License*	
eral in come tax return we the affidavit provided of effect under penalty of Customer Identification  Date of Birth  Physical Address  Mailing Address (if different address)  Ethnicity (optional)  Colorado Driver's Licer  SNAP, TANF, LEAP, Means and the statement	rependence of the property of the back of this applications will not be rependence of the property of the prop	Height  Month & Year  Month Lard Number, Case Notes and Number, Case Notes and Services and Serv	Started Y Number	Email  Veight  Living in CO  Year  Or Type of Documents of the control of the con	City  Hair C  Imentation (	olor Social Secu *only require If applicable ed appropi	Eye C  rity Number of d for Senior Fishing e)	Zip  Color  Colo	ANY FALSE
eral in come tax return w the affidavit provided o effect under penalty of Customer Identificatio  Date of Birth  Physical Address  Mailing Address (if diff Ethnicity (optional)  Colorado Driver's Licer  SNAP, TANF, LEAP, Me  Incomplete of REBY SWEAR OR AFFIRM UNDE	retent than above)  Gender	Height  Month & Year :  Month bard Number, Case North C	Started Y Number	Email  Veight  Living in CO  Year  Or Type of Documents of the control of the con	City  Hair C  Imentation (	olor Social Secu *only require If applicable ed appropi	Eye C  rity Number of d for Senior Fishing e)	Zip  Color  Colo	ANY FALSE

Thank you for your interest in our Centennial Program for Colorado residents that meet certain income eligibility guidelines. We are pleased to offer these reduced-cost products to provide you an opportunity to recreate in the beautiful state of Colorado.

If you are mailing in your application please send it to:

Colorado Parks & Wildlife Attn: Centennial Program 6060 Broadway Denver, CO 80216

		Denver, CO 80216						
Please r	note, you will need to submit the following items:							
	☐ Completed application that is signed and dated by you.							
	A copy of current tax return to verify income meets threshold, <b>OR</b> current eligibility letter or card for any of the following programs: SNAP, TANF, LEAP, Health First Colorado (Medicaid), FDPIR or WIC, <b>OR</b> if your income is such that you are not required by law to file a tax return, complete and sign the Centennial Program Affidavit, shown below, attesting to this fact.							
	A copy of your current Colorado Driver's License or Identification     Providing your identification helps us limit fraud and senior (64 and older) Colorado Resident.							
	A check or money order in the correct amount based on product Wildlife.	selection to: Colorado Parks and						
	COMPLETED ONLY IF YOUR INCOME IS SUCH THEED TO FILE TAXES:	AT YOU ARE NOT LEGALLY						
	CENTENNIAL PROGRAM AFI	FIDAVIT						
Applican	t's Name (printed): Da	ate of Birth:						
	Address:							
	City: State:	Zip:						
	rsigned hereby certifies, under penalty of perjury, that thise threshold for the prior tax year and was not required to fi	•						
	Signature: D	Pate:						