Application for Access Maryland State Park Pass
for Persons with Disabilities
(Non-transferable)
Maryland Park Service
Please Type or Print Clearly

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Telephone Number: _____

Height: _____ Weight: _____ Hair Color: _____Eye Color: _____

Nature of Disability (**TO BE COMPLETED BY PHYSICIAN *OR APPROPRIATE HEALTH CARE PROVIDER***)
Description and Location of Disability:

_____

_____

_____

_____

I hereby certify that the above diagnosis is correct, and that the disability is PERMANENT AND SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES of the above-named applicant.

Signature of Physician ***or Appropriate Health Care Provider***: _____

(Print Clearly or Type ***Physician's or Health Care Provider's*** Information)

Name: _____

Address of Physician: _____
(Street) (City) (State) (Zip Code)

Date: _____ Telephone Number:_____

The Access Maryland State Park Pass is a free lifetime entrance pass to those State operated parks with entrance service charges. It is issued to persons who have a permanent physical or mental impairment that substantially limits one or more major life activities. ***Having reserved parking tags or a "handicapped" placard from the Motor Vehicle Administration does not constitute disability status for the purpose of this pass. Confirmation from a physician or appropriate health care provider is still required.*** The Access Maryland State Park Pass admits the cardholder and one other person only .

Complete application and return to: Maryland Department of Natural Resources
Maryland Park Service
Tawes State Office Building
580 Taylor Avenue, E-3
Annapolis, Maryland 21401
Attention: Access Maryland Pass Application
Telephone Number: 410-260-8186 Voice
Telephone Number: 410-260-8835 TTY

Upon review and approval of application your Access Maryland State Park Pass will be mailed to you.

Signature of Applicant: _____
Date: _____ (Revised 1/05)