



NEW MEXICO DEPARTMENT OF VETERANS' SERVICES

APPLICATION FOR DISABLED VETERAN FREE STATE PARKS, MUSEUMS AND MONUMENTS PASS



New Mexico Department of
Cultural Affairs



New Mexico State Parks Division

Free State Park Passes for New Mexico Resident Veterans Rated 50% or more Disabled by the Veterans Administration. One Free Access Pass for unlimited entry into State Museums and Monuments. One Annual Day-use Pass for unlimited entry into State Parks or recreation areas, and three one-day camping passes per year.

VETERAN INFORMATION: Please note NMDVS requests you provide a social security number to verify identity and military service.

| | |
|-----------------------------|--------|
| Name (Last, First, Middle): | Phone: |
|-----------------------------|--------|

Address (Number & Street, City, State, Zip):

| | |
|--|--------|
| Mailing Address (If different than above): | Email: |
|--|--------|

| | | |
|--------------------|----------------|--------------------|
| Branch of Service: | Date of Entry: | Date of Discharge: |
|--------------------|----------------|--------------------|

| | | |
|-----------------|-------------------------|---------|
| Service Number: | Social Security Number: | Claim # |
|-----------------|-------------------------|---------|

| | | | | |
|----------------|---------|---------|-------|-------|
| Date of Birth: | Height: | Weight: | Eyes: | Hair: |
|----------------|---------|---------|-------|-------|

| | |
|--------------------------|--------------------|
| Date awarded Disability: | Date of Residency: |
|--------------------------|--------------------|

DEMOGRAPHIC INFORMATION: The following information in Block 5 is optional. The purpose of collecting this information is to help NMDVS meet the needs of all veterans and to ensure that all veterans are treated fairly. NMDVS will only share non-aggregate data as required by law.

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White/Caucasion Hispanic/Latin Two or more races Other race _____

Gender: Male Intersex Other
 Female Non-Binary

CERTIFICATION OF APPLICANT I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF; FURTHER, I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I MAY BE SUBJECT TO PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

| | |
|--|--|
| SIGNED _____ | DATE _____ |
| CERTIFICATION OF AUTHORIZED OFFICIAL I CERTIFY THAT EVIDENCE OF THE FOREGOING STATEMENTS BY THE APPLICANT HAVE BEEN PRESENTED TO ME AND I HAVE REVIEWED THE STATEMENTS AND SUPPORTING DOCUMENTS. I FURTHER CERTIFY THAT THE EVIDENCE PRESENTED WAS COMPLETE AND I HAVE NO REASON TO QUESTION ITS AUTHENTICITY. EVIDENCE PROVIDED CONSISTS OF THE FOLLOWING INSTRUMENTS AND WRITINGS: | Disability Verified by VARO _____ |

Documents Viewed DD Form 214 50% Ltr PIT 1 D/L V/R

| | |
|---|---|
| SIGNED _____ | DATE _____ |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;">STATE PARKS DIVISION USE ONLY</div> DATE ISSUED _____ ISSUED BY _____ PASS NUMBER _____ | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;">DEPARTMENT OF VETERANS SERVICES USE ONLY</div> CONTROL NUMBER _____ |

ATTENTION APPLICANTS:

PLEASE REFER TO THE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION

STATE PARKS, MUSEUMS AND MONUMENTS GENERAL INFORMATION:

State Parks, Museums and Monuments Pass:

Free state park passes for New Mexico resident veterans rated 50% or more disabled by the Veterans Administration. One free access pass for unlimited entry into state museums and monuments. One annual day-use pass for unlimited entry into state parks or recreation areas, and three one-day camping pass per year. un-remarried spouse of veterans'

INFORMATION FOR VETERANS

You are eligible for the **state parks, museums and monuments pass** if:

You have been granted a service-connected disability of 50% or higher by the United States Department of Veteran Affairs and you are a legal and established resident of New Mexico. Your benefit is forfeited upon becoming a resident of another state.

APPLICATION

Application must be forwarded, together with a copy of:

1. DD214 (Report of Separation) or equivalent Department of Defense document showing an honorable discharge and complete dates of service.
2. Proof of residency; A copy of your current New Mexico Driver's License or ID; Copy of Voter's Registration; OR Latest copy of New Mexico Income Tax Return.
3. Copy of the official award letter provided to you by the United States Department of Veterans Affairs.

Mail or walk-in applications welcome (walk-in applications are processed while you wait):

New Mexico Department of Veterans Services
407 Galisteo St. RM#134
Santa Fe, NM 87501-2641
Phone: 1-866-433-8387
or
vet.benefits@dvs.nm.gov

PENALTY NOTICE: The Department may cancel this application or any benefit therefrom that was issued if material statements or information in the application or supporting documents are false or fraudulent. A penalty resulting from fraud may subject a person to criminal prosecution and relating fines and penalties.