



**Application for Veteran Admission Pass for
San Bernardino County Regional Parks**



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Branch of Military Service: _____

Entry Date: ____ / ____ / ____ Discharge Date: ____ / ____ / ____

Military Serial Number (if different from Social Security Number): _____

VA Claim Number (if applicable): _____ Disability Rating: _____%

Veteran's Signature

Date

Return completed form to:

San Bernardino County Veterans Affairs
175 West Fifth Street, Second Floor
San Bernardino, California 92415-0470

Veterans Affairs Department Use Only

Disability rating verification:

Date	VARO	USDVA VBC	S/C Rating	VSR

Regional Parks Department Use Only

Pass issuance:

Date	Pass Number	By