

**State of New Mexico
Department of Veterans Services**



CULTURAL AFFAIRS



NEW MEXICO STATE PARKS DIVISION

Application for Disabled Veteran Free State Parks, Museums and Monuments Pass

Section 16-2-7.1, NMSA 1978 (being Laws of 1999, chapter 174, Section 2)

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 one three-day camping pass per year.

Veterans Information:

Name _____

Address _____ City _____ Zip _____ e-mail _____

Mailing address (if different than address above): _____ Phone # _____

Branch of Service _____ Dates of Entry _____ Date of Discharge _____

Service Number _____ SSN _____ Claim # _____

Date of Birth _____ Height _____ Weight _____ Eyes _____ Hair _____

Date Awarded Disability _____ Date of Residency _____

CERTIFICATION OF APPLICANT

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME 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 WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APLICABLE LAWS AND STATUTES.

SIGNED _____ DATE _____

Disability Verified by VARO _____

CERTIFICATION OF AUTHORIZED OFFICIAL

I CERTIFY THAT EVIDENCE OF THE TRUTH OF THE FOREGOING STATEMENTS OF APPLICANT HAS BEEN PRESENTED TO ME AND THAT I AM SATISFIED THE STATEMENTS ARE TRUE. THIS EVIDENCE CONSISTS OF THE FOLLOWING INSTRUMENTS AND WRITINGS:

SIGNATURE

State Parks Division Use Only	
Date Issued	_____
Issued By	_____
Pass Number	_____

Department of Veterans Services Use Only	
Control Number	_____

Information for Veterans

**You are eligible for benefits under the provisions of
Section 16-2-7.1, NMSA 1978 (being Laws of 1999, chapter 174, Section 2**

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 the veteran's DD 214 (Report
of Separation) or equivalent Department of Defense document showing an honorable
discharge and complete dates of service, proof of residency, and a copy of the official
award letter provided to you by the United States Department of Veterans Affairs.**

**Please mail application to:
New Mexico Department of Veterans Services
PO BOX 2324
Santa Fe, NM 87504**

Penalty

**Pursuant to law, the Department of Veterans Services may cancel any pass that was
issued if it is determined that any material statement in the application was false.**