GREEN MOUNTAIN PASSPORT APPLICATION FORM

INSTRUCTIONS

- 1. Provide name, mailing address, and date of birth in the appropriate spaces below.
- 2. Applicant certifies eligibility.
- 3. Clerk certifies applicant oath and payment.
- 4. **Voluntary information:** In order to make it useful as an identification card, the Green Mountain Passport <u>may</u> include (at the option of the applicant) other information in appropriate spaces below if desired:
 - Contact person's name and address in case of an emergency.
 - Medical information about a chronic physical condition such as heart disease, diabetes, allergies, sensitivity to drugs or other conditions.

Name:	DOB:
First Middle	Last
Mailing Address:	
Emergency Contact (optional)	
Emergency Contact (optional)	
Medical Information (optional)	
medical information (opinions)	
APPLICANT CERTIFICATION	
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I declare under oath and penalty:	
1. That I am 62 years or over, or a Vet	eran of the uniformed services.
1. That I am 62 years of over, of a ver	Clair of the differmed services.
.2. That I am a resident of Vermont.	
.2. That I am a resident of vermont.	
	Signature of Applicant
	digitatio of Apphoent
Ci ii Ci tigation	
Clerk's Certification	
I certify that	has declared under oath that
the statements of eligibility are true. The	ne appropriate fee and information has been
collected.	• • •
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Signature of Clerk Munic	inality Date
Signature of Clerk Munic	ipainty Bato