VERMONT

GREEN MOUNTAIN PASSPORT APPLICATION FORM

INSTRUCTIONS

1. Please provide your name, mailing address, and date of birth in the appropriate spaces below.
2. The applicant certifies eligibility.
3. The Town Clerk certifies applicant's oath and receives payment.
4. **Voluntary information:** The applicant may choose to include (at the option of the applicant) other information in appropriate spaces below:

   - Emergency contact person's name, address and phone number.
   - Medical information about a chronic physical condition such as heart disease, diabetes, allergies, sensitivity to drugs or other conditions.

Name:_____ **DOB:** _____

Mailing Address: _____
Emergency Contact Name (optional):_____
Emergency Contact Phone (optional):_____
Medical Information (optional): _____

Applicant Certifiction:

I declare under oath and penalty:

1. That I am 62 years or over, or a Veteran of the uniformed services.
2. That I am a resident of Vermont.
3. That I am a resident of the municipality where this application is submitted.

_____
Signature of Applicant

Clerk's Certification:

I certify that_____ has declared under oath that the statements of eligibility are true. The appropriate fee and information has been collected.

_____ _____

Signature of Clerk Date