

**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 may 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.
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**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
 First Middle Last

**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact (optional):** \_\_\_\_\_

**Medical Information (optional):** \_\_\_\_\_

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**APPLICANT CERTIFICATION**

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.

\_\_\_\_\_  
 Signature of Applicant

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**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

\_\_\_\_\_  
 Municipality

\_\_\_\_\_  
 Date