

GREEN MOUNTAIN PASSPORT APPLICATION

Instructions for completing the form:

1. Please provide the applicant name, mailing address, and date of birth in the application 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 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.
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

Department of Disabilities, Aging and Independent Living | HC 2 South | 280 State Dr. |
Waterbury, VT | 05671-2020 |
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