

State Parks Annual Tribal Member or Veteran Permit **E-mail Application**

E-Mail Application Only. See other Form for Mail Accepted Applications.

YOUR APPLICATION FOR ANNUAL PER	MIT IN ADDITION TO THIS C	OMPLETED AND SIGNED FORM MUST INCLUDE:
\square (For Tribal Member) A copy of y License or state issued ID if your Tr	•	Must include photocopy of your state issued Driver's re.
☐ (For Veteran) A photocopy of your lissued ID.	our DD214 & photocopy of	your Nevada Driver's License or Nevada state
Replacing a Lost or Missing Annual Peri	mit? Complete this application and	l include your payment of \$10.00 per payment instructions below.
<u>Please Pri</u>	int Clearly, All Information F	elds Below Must be Completed
First Name:	Last Name:	
Mailing Address:		
City:	State:	Zip Code:
Daytime Telephone:	Daytime Telephone: E-Mail Address:	
<u>PERMIT</u>		
☐ Tribal Member Annual Permit		Veteran Annual Permit
PAYMENT (ONLY FOR REPLACEMENT	NT PERMIT)	
☐ \$10.00 Replacement Permit		
	OT PUT CREDIT CARD INFO a secure form of transmittal t	RMATION ON THIS FORM. o protect your card information.
WE WILL CONTACT YO	U TO COMPLETE YOUR C	REDIT CARD PAYMENT OVER THE PHONE
Signature:	Da	ote:
Send your completed application	to:	Questions:

Phone: 775-684-2770

E-mail: stparks@parks.nv.gov

Permit # Approved By:

Stparks@parks.nv.gov

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