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**RESIDENT ACTIVE DUTY MILITARY BEACH PASS ANNUAL APPLICATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER: \_\_\_\_\_

MILITARY SERVICE NUMBER: \_\_\_\_\_

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Attach one of the following to your application:

- Military Identification Card (CAC)
  - Official Military Documents i.e. Leave and Earning Statement (LED)
  - Signed Statement from your Unit Commander verifying your current active duty status
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Resident Active Duty Military Beach Passes are issued to the Service Member only on an annual basis. The Service Member must be present at the time of application. Passes are non-transferable and failure to abide by this will result in a loss of privileges.

I hereby certify my residence is that listed above and that I claim no other places of residency. I understand that falsification of any statement made on this application will result in the immediate revocation of my pass. I hereby confirm that the information contained in this application is true.

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

\_\_\_\_\_  
Date of Application

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Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Pass Number \_\_\_\_\_