ANNUAL VENTURE PASS FOR
MILITARY PERSONNEL AND FAMILIES FORM

CUSTOMERS LAST NAME  FIRST  M.I.  ( )  DAY PHONE NUMBER (REQUIRED)

__________________________________________________________________________________________
STREET ADDRESS    CITY     STATE  ZIP

VEHICLE 1 LIC.#: ___________________   MAKE__________________  MODEL________________  COLOR________________  YEAR_________

VEHICLE 2 LIC.#: ___________________   MAKE__________________  MODEL________________  COLOR________________  YEAR_________

** Note: Vehicle Identification Numbers (VIN) may be used if vehicle license plate not yet issued.

[ ] I would like to receive electronic newsletters and notices.

E-mail Address: ____________________________________________________________________________________________________

- FOR OFFICE USE ONLY – -

_______ Verification of Department of Defense Military Identification card identifying the applicant as either an active or reserve member of the Armed Forces or National Guard in pay grades E-4 or below; or a Dependant Identification Card of either an active or reserve member of the Armed Forces or California National Guard Unit in pay grades E-4 or below; and proof of residency within Santa Clara County

PASS #: ___________________  ___________________  ___________________  ___________________

ISSUED BY: ___________________  DATE OF ISSUE: ________________  FEES REC'D: ___________________

VALID THROUGH: