



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: _____