

GOLDEN AGE PASSPORT AND GOLDEN ACCESS PASSPORT ELIGIBILITY STATEMENT

For use of this form, see ER 1130-2-550; the proponent agency is GECW-ON

MARK APPROPRIATE BOX

1. I DO SWEAR OR AFFIRM THAT I AM 62 YEARS OF AGE OR OLDER.
2. I DO SWEAR OR AFFIRM THAT I AM A CITIZEN OF THE UNITED STATES, AND THAT I HAVE BEEN MEDICALLY DETERMINED TO BE BLIND OR PERMANENTLY DISABLED FOR PURPOSE OF RECEIVING BENEFITS UNDER FEDERAL LAW AS A RESULT OF SAID BLINDNESS OR PERMANENT DISABILITY.

SIGNATURE OF RECIPIENT

DATE (YYYYMMDD)

3. DATE OF ISSUE (YYYYMMDD)

4. GOLDEN AGE PASSPORT NUMBER

5. GOLDEN ACCESS PASSPORT NUMBER

6. ISSUING OFFICIAL SIGNATURE