



Veterans Airport Parking Benefit Certification

Louisiana Department of Veterans Affairs
P.O. Box 94095
Capitol Station
Baton Rouge, LA 70804-9095



This is to certify that I meet all the requirements as specified by R. S. 29:27.1, in that I am a disabled veteran with a service-connected disability of fifty percent or more, as determined by the United States Department of Veterans Affairs. As such, I understand that am entitled to free parking at air carrier airports for myself, my conveyance, and my passengers for a period not to exceed ten days. An air carrier airport may charge the customary parking fee for each day I am parked at the airport that exceeds ten days. Each individual air carrier airport may determine its own procedures for validating parking vouchers or reimbursing a parking fee.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____, ZIP: _____

Signature of Veteran

LOUISIANA DEPARTMENT OF VETERANS AFFAIRS CERTIFICATION

In accordance with R. S. 29:27.1, I certify that that the above-named veteran has been granted a service-connected disability rating of _____ percent (____%) by the U.S. Department of Veterans Affairs.



Office Stamp

Veterans Assistance Counselor (Signature)

Veterans Assistance Counselor (Printed)

Date issued: _____
(This certification expires one year from this date.)