WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

ROADSIDE MEMORIAL SIGN APPLICATION

Please print or type all information

IN MEMORY OF

Name:  (Please print clearly in block letters the name as you would like it to appear on memorial)

Please select which message to be displayed on memorial sign by checking one box on the left.

<table>
<thead>
<tr>
<th>Message</th>
<th>Type of Crash</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEASE DRIVE SAFELY</td>
<td>Standard safety message used for any fatality</td>
</tr>
<tr>
<td>PLEASE BUCKLE UP</td>
<td>Alternative message for fatalities where victim was not wearing seat belt</td>
</tr>
<tr>
<td>DON’T DRINK &amp; DRIVE</td>
<td>Alternative message for fatalities involving alcohol and/or drugs</td>
</tr>
</tbody>
</table>

CRASH INFORMATION

Date of Crash __________________________  County __________________________

Route, Road or Street Name __________________________

Involved Driver’s Name (if known) __________________________

APPLICANT INFORMATION

Name: ___________________________________  Relationship: ___________________________________

Mailing Address _______________________________________

City and State _______________________________________

Zip Code__________________________  Day Phone: ( ) __________________________
I certify that to the best of my knowledge the individual I am requesting to be memorialized did not commit a serious traffic offense that was determined to be proximate cause of the crash.

Signature of Applicant

NOTE: Applicant will be required to remit a check, payable to the West Virginia Department of Transportation in the amount of $200, once sign application is approved. Please keep West Virginia Division of Highways informed of any change of address.

Please return completed application to:

Roadside Memorial Sign Program
WVDOH, Traffic Division
Building 5, Rm A-550
1900 Kanawha Blvd, E
Charleston, West Virginia 25305-0430