

National Work Zone Memorial

Respect and Remembrance:
Reflections of Life on the Road

Memorial Name Submission
Fatality **MUST** Have Occurred in a Roadway Work Zone

(1) Name of Deceased: _____

(2) Date and Location of Fatality: _____

(3) The person named above was a:

- Pedestrian
- Work Zone Worker
- Motorist
- Law Enforcement
- Public Safety Official
- Child

(4) Brief description of work zone accident: _____

(5) Verification of above information is provided in the form of (please provide all available):

- Official police accident report
- Notarized employer affidavit (applicable in case of Roadway Workers, Law Enforcement Officers, and, Emergency Workers only)
- Newspaper or media clipping

(6) I certify I have obtained permission from the deceased's family or former guardian to provide the above information, and for the deceased's name to be listed on the National Work Zone Memorial. By providing this information, applicant shall indemnify and save and hold harmless ATSSA, and its officers, agents, and employees acting for ATSSA, against any liability, including costs and expenses. I further certify that all information provided above is true and correct to the best of my knowledge. For motorist category only: I further certify that the individual named on this form was not under the influence of drugs or alcohol at the time of the fatality.

Signature of Applicant: _____

Name of Applicant: _____

Address of Applicant: _____

Applicant's Daytime Telephone Number: _____

Date of Application: _____

* **Instructions:** Complete this form, include required documentation, (item 5) and mail or fax to (540) 368-1717, ATTN: Lisa

** Names submitted after Jan. 2003 will be included on the Memorial Exhibition in 2004.

