



National Work Zone Memorial Name Submission Form

Respect and Remembrance: Reflections of Life on The Road

INFORMATION ON DECEDENT

Name: _____

Date of Incident: _____ Date of Death: _____

Location of Fatality (City and State): _____

The Person Named Above (Fatality Must Have Occurred in a Roadway Work Zone):

- | | |
|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Pedestrian |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Public Safety Official |
| <input type="checkbox"/> Motorist | <input type="checkbox"/> Work Zone Worker |

Brief Description of Work Zone Incident: _____

FORMER EMPLOYER INFORMATION OF THE DECEASED

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Email address: _____ Phone: _____

FAMILY CONTACT INFORMATION

The Foundation has resources for families including the Roadway Worker Memorial Scholarship program (post-high school education scholarship) and the Experience Camps Travel Scholarship program (summer camps for grieving children).

Does the person named above have dependents (children and/or spouse)? _____

If yes, Family Member Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Email address: _____ Phone: _____

INCLUDE THE FOLLOWING DOCUMENTATION (please provide all available):

- Official police incident report
- Notarized employer affidavit (applicable in case of roadway workers, law enforcement officers, and emergency workers only)
- News article regarding incident/death
- High-resolution photograph of person named above



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PHOTOGRAPH REQUIREMENTS

Please include a high-resolution photograph of the person named above to be included in the annual Memorial ceremony honoring the names of those added to the National Work Zone Memorial.

APPLICANT'S INFORMATION

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 American Traffic Safety Services Association (ATSSA), American Traffic Safety Services Foundation (The Foundation) and its officers, agents, and employees acting for ATSSA or The Foundation, against any liability, including costs and expenses. I further certify that all information provided is true and correct to the best of my knowledge, particularly, the spelling of the decedent's name, as it will appear on the National Work Zone Memorial. 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: _____ Date of Application: _____
Name of Applicant: _____ Relation to The Deceased: _____
Organization (if applicable): _____
Email address: _____ Phone: _____

INSTRUCTIONS

Complete this form, include required documentation and send to:

American Traffic Safety Services Foundation

15 Riverside Parkway, Suite 100

Fredericksburg, VA 22406

Phone: 540-368-1701

Toll-Free: 800-272-8772

Email: foundation@atssa.com

NAME SUBMISSION DEADLINE

Names are inscribed on the National Work Zone Memorial once a year, prior to ATSSA's Convention & Traffic Expo. A name submission form must be submitted by December 1 to be considered for inclusion on the Memorial the following year.