Form DT-57

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.

	Message	Type of Crash
	PLEASE DRIVE SAFELY	Standard safety message used for any fatality
	PLEASE BUCKLE UP	Alternative message for fatalities where victim was not wearing seat belt
	DON'T DRINK & DRIVE	Alternative message for fatalities involving alcohol and/or drugs
	WATCH FOR PEDESTRIANS	Alternative message for fatalities involving pedestrians

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-248
1900 Kanawha Blvd, E
Charleston, West Virginia 25305-0430