

# Heroes Way Naming Application Form

HEROES WAY

John P Doe

Navy

## Missouri Department of Transportation

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2	Applicant: Organization: (if applicable)																									e e								
	Address:						City:																	Zip Code:									#	
	Phon	e#:_											Е	-mai	l:																			_
3	By signing this document as the applicant, I understand I am certifying I am related to the designee by way of marriage, adoption, or that I am his/her mother, father, brother or sister as required by State Statue. Falsifying this information will void the request and could result in loss of fees and sign installation.																																	
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1	Memorial Name Requested The proposed name may have a maximum of one line with 25 characters, including spaces. (Subject to Design Limitations) Line 1: Designee's first name, middle initial, last name (Ranks/Titles are optional & must be abbreviated)																																	
	Line	1: D	esigne	e's	first	nam	e, n	nidd	le i	niti	al, l	last r	nan	ne (I	Rank	s/T	itles	are o	optio	onal	k mu	st b	e ab	brev	iate	(d)								
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5	Call 1-573-751-7643 - MoDOT, confirming availability of interchange, bridge or segment of highway and the current participal.  List the State Highway/Bridge/Interchange, and exit numbers/intersection, and nearby City/Town of the requested location (Interchange example: 1-70 at Exit 148, US 54 at Kingdom City) (Bridge example: bridge on Hwy. CC crossing over North Fork White River) (Segment of Highway example: 1/2 mile south of Hwy. A to the intersection of US 54 on Hwy. 160)															n fé																		
	2)	Li	st the	Cou	inty i	n wh	nich	the	inte	ercl	ıan	ge, b	orid	lge o	or se	gme	ent c	f hig	hwa	ıy is l	ocate	d:											99 3	
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#### Instructions to Applicant:

In order to be considered, the application must be completed and submitted to the Missouri Department of Transportation along with the appropriate fees, and proof the designee was in the U.S. Armed Forces and had been killed in action. Check or money order (cash not accepted) made payable to the Director of Revenue - Credit State Road Fund.

- Step 1 Fill in the name and district of at least one current member of the Missouri General Assembly who will sponsor the memorial designation for the interchange. The sponsor should serve the community the memorial designation is located.
- Step 2 Fill in the your name, address, city, state, zip code, telephone number, and e-mail address.
- Step 3 Sign signature line certifying you are in fact related to the designee by way of marriage, adoption, or that you are the designee's spouse, child, mother, father, brother, sister as required by State Statue. Indicate your relationship to the designee. The designee must have been a Missouri resident.
- List the designee's name (First, Middle Initial, Last) as you would like to see displayed on the sign.

  Ranks and titles are optional, if included must be abbreviated, he number of characters are limited to the boxes shown on the application. Check the box for the appropriate branch of service the designee served in at the time of death.
- Step 5 Prior to completing application in full, call MoDOT's Highway Safety and Traffic Division at (1-573-751-7643, confirming availability of interchange, bridge or segment of highway and the current fee. Upon confirmation of location availability, describe the location in detail and the county where the highway/bridge/intersection is located.
- Step 6 Provide background information or historical information supporting the memorial designation.
- Step 7 A PDF proof of the memorial sign design may be available upon request of the applicant and must be indicated on the application. Once the application is approved, the PDF proof will be provided electronically to the applicant's email, if provided.
- Step 8 Submit completed application, payment, and proof the designee was in the U.S. Armed Forces verifying he/she had been killed in action to the Missouri Department of Transportation to the address shown below.

### Additional Information:

- The department will submit the application and all supporting documentation to the Joint Committee on Transportation Oversight for their approval or denial.
- The department will notify the applicant of the approval or denial of the proposed memorial designation. If the designation is not approved, 97% of the application fee will be returned to the applicant.
- Two signs will be erected per each interchange, bridge or segment of highway designation.
- Sign Placement:
  - One sign each will be placed within the triangle area between the mainline and ramp of the interchange designation.

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- 2) One sign each will be placed at the beginning and end of the bridge or segment of highway designation.
- · A photo image of the erected sign will be provided electronically to the applicant's email, if provided.
- The signs remain the property of the Missouri Department of Transportation.
- Website for more information www.modot.org/heroes-way-designation-program
- Questions or concerns regarding application, call Highway Safety and Traffic Division at 1-573-751-7643.
- After 19 years, the applicant must contact the Missouri Department of Transportation to sign a new 20-year
  application form and pay a second application fee if applicant wishes to continue the memorial designation.

#### Submit To:

Missouri Department of Transportation Highway Safety and Traffic Division PO Box 270 Jefferson City, Missouri 65102