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| LOGO2LIN | | | | | | | | | | | **Heroes Way Designation Application** | | | | | | | |
| **1. APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | |  | | | | | | | Relationship to Armed Forces Member: | | | | |  | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | State: | |  | | | Zip Code: |  |
| Daytime Phone: | | | (   )    - | | | | | E-Mail: |  | | | | | | | | | |
| **2. ARMED FORCES MEMBER INFORMATION** | | | | | | | | | | | | | | | | | | |
| Clearly write name of Armed Forces member the way it is to appear on the Designation Signs. Note: See (b) on reverse of this form. | | | | | | | | | | | | | | | | | | |
| Armed Forces Member’s Name: | | | | | | |  | | | | | | | | | | | |
| **3. DESIGNATION INFORMATION** | | | | | | | | | | | | | | | | | | |
| Clearly write name of the interchange, bridge or roadway segment to be designated. Note: See (c) on reverse of this form. | | | | | | | | | | | | | | | | | | |
| Designation Location: | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Please list any current members of the Illinois General Assembly who will sponsor the designation. | | | | | | | | | | | | | | | | | | |
| Designation Sponsor(s): | | | | | |  | | | | | | |  | | | | | |
| **4. CERTIFICATION** | | | | | | | | | | | | | | | | | | |
| I have read and understand the information given on the back of this form and certify that the answers I have provided are correct to the best of my knowledge. I understand that, if approved, I will be billed $1000 for two Memorial Signs installed along Interstate highways or other roadways with posted speed limits greater than 55 miles per hour and $200 for two Memorial Signs installed along any other roadways ***(PLEASE DO NOT SEND ANY MONEY UNTIL SPECIFICALLY REQUESTED)***. | | | | | | | | | | | | | | | | | | |
| Applicant’s signature: | | | |  | | | | | | | | | | | | Date: : |  | |

Mail application to: Heroes Way Designation Program, Room 009, 2300 S. Dirksen Parkway, Springfield, IL 62764

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| **DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY** | | | | | | | | | | | | | |
| Application Number: | | | |  | | | | | | Date Received: | | |  |
| Date Approved: | |  | | | | Date Denied: | |  | | By: |  | | |
| Specific Location of Signs: | | | | |  | | | | | | | | |
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|  | | | | | | | | | | | | | |
| Remarks (If denied, state reason): | | | | | | |  | | | | | | |
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|  | | | | | | | | | | | | | |
| Date Billed: |  | | | | | | | | Date Payment Received: | | |  | |
| Date Sign Installed: | | |  | | | | | |  | | | | |

**HEROES WAY DESIGNATION PROGRAM**

1. The applicant must be related to the Armed Forces member listed in Section 2 on the reverse side of this form by marriage, adoption, or consanguinity within the second degree.
2. The Armed Forces member listed in Section 2 shall have been a resident of Illinois at the time he or she was killed in action while performing active military duty and must be listed on the National Gold Star Family Registry. The Armed Forces Member shall have been a member of any branch of the United States Military including National Guard and military reserve components.
3. Memorial Signs may be installed at interchanges, bridges or segments of highways under the jurisdiction of the Illinois Department of Transportation. No interchange, bridge or segment of highway may be named or designated if it carries an existing designation. The Armed Forces Member is not eligible to have more than one interchange, bridge or segment of highway designated.
4. The Designation Signs will contain the words “(Armed Forces Member Name) Memorial (Highway, Interchange or Bridge)” in white lettering on a brown background. Two Designation Signs must be used.
5. Written testimony supporting the proposed designation may be attached to this application form, but is not required.
6. A one-time fee of $1000 for two Memorial Signs installed along Interstate highways or other roadways with posted speed limits greater than 55 miles per hour and $200 for two Memorial Signs installed along any other roadways will be charged to offset the cost of fabricating and maintaining the signs. **The fees will be billed at the time the application is approved by the Department and are not to be submitted until specifically requested.**
7. Mail application to: Heroes Way Designation Coordinator,  
    Illinois Department of Transportation

Bureau of Operations, Room 009

2300 S. Dirksen Parkway

Springfield, IL 62764.