



Application for Third Party Use of Vision Zero Logo

Name of organization: _____

Brief description of organization, including relationship to Vision Zero goal: _____

Use of identity (*one-time use, serial use, contracted use, etc.*): _____

Duration the V0 logo will be used: _____

Medium (*please provide copy or tear sheet if possible*):

Brochures Factsheets Banner/Poster Billboard

Website (*URL*): _____ Other (*explain*): _____

List any other Marks that will appear in conjunction with the V0 logo: _____

Additional information: _____

Application prepared by:

Name: _____ Address: _____

Title: _____

Phone: _____ Email: _____

Signed: _____ Date (mm/dd/yy): ____/____/____

Endorsements/Approvals:

Name: _____ Signed: _____ Date: _____
ROADSAFETYBC REPRESENTATIVE

Name: _____ Signed: _____ Date: _____
RSS EDUCATION & AWARENESS CMTE CHAIR

Name: _____ Signed: _____ Date: _____
RSS EDUCATION & AWARENESS CMTE MEMBER