



# SCHP WRECKER ROTATION APPLICATION

Application must be completed and submitted to Troop HQ no later than October 1<sup>st</sup>

SECTION 1 APPLICANT INFORMATION					
Name of Business:			Is Business an entity on file with the S.C. Secretary of State? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, see Section 7)</i>		
Owner's Name:			Business Phone Number:		
Physical Address of Business:			County: Choose County	Zone:	
City:	State:	Zip Code:	Troop #		
E-mail Address:		Fax Number:			
Wrecker Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <i>(check all that apply)</i>		Total number of wreckers:	Credit cards accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a SLED Criminal Records check (SLED Catch) attached for all owners and employees? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is a SLED Sex Offender Registry check attached for all owners and employees? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION 2 DRIVER INFORMATION (FULL LEGAL NAMES MUST BE SUPPLIED)					
Number of Drivers:	<b>SCHP must be notified within 10 days of all new hires and separations from employment.</b>				
Driver's Name:	Driver's License:	State:	Class:		
Driver's Name:	Driver's License:	State:	Class:		
Driver's Name:	Driver's License:	State:	Class:		
<b>Please list additional drivers in Section 6. Application must include a Medical Examiner's Certificate for each CDL driver.</b>					
SECTION 3 INSURANCE COVERAGE INFORMATION					
<b>SOUTH CAROLINA HIGHWAY PATROL TROOP HQ MUST BE NOTIFIED OF ANY CHANGE IN OR LOSS OF COVERAGE</b>					
<b>Include Certificate(s) of Insurance with this application</b>					
Insurance Company		Agent's Name:			
Address:			Phone:		
LIABILITY INSURANCE COVERAGE					
Policy #	Effective Dates:	to	Limits: \$		
CARGO INSURANCE COVERAGE					
Policy #	Effective Dates:	to	Limits: \$		
GARAGE KEEPER'S INSURANCE COVERAGE					
Policy #	Effective Dates:	to	Limits: \$		
SECTION 4 IDENTIFY WRECKERS THAT WILL BE USED ON ROTATION					
Make:	Model:	VIN:	Tag:	Class:	
Make:	Model:	VIN:	Tag:	Class:	
Make:	Model:	VIN:	Tag:	Class:	
<b>Each wrecker must be marked with the required signage and utilized only at its assigned business location. Please list additional wreckers in Section 8.</b>					
SECTION 5 PROPOSED WRECKER FEES					
<b>Class A</b>	Standard Towing \$	(flat rate)	Special Operations \$	(hourly rate)	Daily Storage \$
<b>Class B</b>	Standard Towing \$	(flat rate)	Special Operations \$	(hourly rate)	Daily Storage \$
<b>Class C</b>	Standard Towing \$	(hourly rate)	<i>Special Operations rate is not applicable for this wrecker class</i>		Daily Storage \$
<b>Fees must be approved by the Troop Commander and a copy of the approved Fee Schedule must be kept in each wrecker at all times. Wrecker services performing rotation list calls may not charge fees exceeding the SCHP-approved rates.</b>					
<b>Note that approved fees are the maximum amount allowed by SCHP and that wrecker services are free to charge a lesser amount.</b>					

<b>Section 6</b>				<b>ADDITIONAL DRIVERS (FULL LEGAL NAMES MUST BE SUPPLIED)</b>			
Driver's Name:		Driver's License:		State:		Class:	
Driver's Name:		Driver's License:		State:		Class:	
Driver's Name:		Driver's License:		State:		Class:	
Driver's Name:		Driver's License:		State:		Class:	
<b>SECTION 7</b>				<b>BUSINESS'S OFFICERS, MANAGERS, AND SUPERVISORS</b>			
<b>Attach all documents filed with the S.C. Secretary of State reflecting business's organizational structure</b>							
Name/Office:			Address:			Phone:	
Name/Office:			Address:			Phone:	
Name/Office:			Address:			Phone:	
<b>SECTION 8</b>				<b>ADDITIONAL WRECKERS THAT MAY BE USED ON ROTATION</b>			
Make:	Model:	VIN:	Tag:	Class:			
Make:	Model:	VIN:	Tag:	Class:			
Make:	Model:	VIN:	Tag:	Class:			
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<b>SECTION 9</b>				<b>MULTI-DISCIPLINARY ACCIDENT INVESTIGATION TEAM (MAIT) REQUIREMENTS</b>			
At times, the SCHP Multi-disciplinary Accident Investigation Team (MAIT) may need to secure certain vehicles in an enclosed building and utilize specialized equipment to examine vehicles involved in certain collisions. For this reason, check each of the following as they apply to your business:							
Secured inside storage: <input type="checkbox"/> Yes <input type="checkbox"/> No				Vehicle Lift to perform undercarriage examinations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Commercial Motor Vehicle Lift or Heavy Duty Jack: <input type="checkbox"/> Yes <input type="checkbox"/> No				Can hold vehicle for safekeeping until examination finished: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Knowledge and ability to "cage" Commercial Motor Vehicle brakes on scene: <input type="checkbox"/> Yes <input type="checkbox"/> No				Air Tool Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SECTION 10</b> <span style="float: right;"><b>COMMENTS</b></span>							
<p><b>I have read S.C. Code of Regs. 38-600 and understand that any violation thereof may result in disciplinary action, including immediate suspension or removal from the SCHP Wrecker Rotation List. It is further understood that any material misrepresentation or omission on this application can provide an independent basis for discipline, even in the absence of a complaint. Prior instances of disciplinary action, other regulatory violations (LLR, OSHA, Secretary of State, etc.), or a history evincing a pattern of behavior inconsistent with the professional conduct required by the Regulations may be taken into account by the Department of Public Safety when considering whether to approve this application. I also acknowledge that all owners and employees listed on this application are in sufficiently good health to complete each rotation list call for service as assigned by SCHP. I am aware that I may obtain additional information by reviewing DPS Policy 200.19 upon request.</b></p>							
Signature of Applicant:			Print Name:			Date:	

# SCHP Wrecker Rotation Application Instruction Sheet and Checklist

Please follow the instructions below to complete the application. **If any information is omitted, the application may be returned to you and the processing of your application will be delayed.**

## ***Section 1: Applicant Information***

**Company Name**- List the name of your company or business.

**Is Business an entity on file with the S.C. Secretary of State** - Check yes or no to indicate whether your business is incorporated or has any other business structure on file with the South Carolina Secretary of State. If YES, you will need to attach documents identified in Section 7 on Page 2.

**Business Phone**- Enter the phone number of your business. This number must meet the phone requirements as noted in the Regulations.

**Business Address**- Enter the physical address of your business. This includes the city, state and zip code.

**County**- Select the county in which your business is located.

**Zone**- Enter the zone for which you are applying. If unknown, the Troop office will enter the proper zone.

**Troop #**- Enter the SCHP Troop number in which your business is located.

**E-mail Address**- Enter an e-mail address if used for your business.

**Fax Number**- Enter your company's fax number.

**Wrecker Class**- Select the wrecker class(es) for which you are applying. Select all that apply.

**Total Number of Wreckers**- Enter the total number of wreckers that will be utilized for this business.

**Credit Cards Accepted**- Check yes or no to indicate whether your business accepts credit cards as payment for services.

**SLED Criminal Records Check**- You must include a South Carolina Law Enforcement Division (SLED) Criminal Records check for all owners and employees of your company. This includes any temporary or part-time employees. You may request a background check from SLED online through SLED's website: [http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=crc](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=crc)

**SLED Sex Offender Registry Check**- You must include a South Carolina Law Enforcement Division (SLED) Sex Offender Registry check for all owners and employees of your company. This includes any temporary or part-time employees. You can search the Sex Offender Registry online and print the results at no charge through SLED's website: <http://www.icrimewatch.net/index.php?AgencyID=54575>

## ***Section 2: Driver Information***

**Number of Drivers**- Enter the total number of drivers for your company, including any person who is not normally a driver but who may occasionally drive or operate your wreckers in response to a rotation call.

**Driver's Name**- List each driver's full legal name as it appears on his driver's license. Include the state, driver's license number and class.

**\*\* NOTE: Application must include a Medical Examiner's Certificate for each CDL Driver.**

**\*\* NOTE: The Troop Headquarters must be notified within 10 days of all new hires and separations from employment.**

## ***Section 3: Insurance Coverage Information***

**Insurance Company**- List the name of the company that issued the policy or policies.

**Agent's Name**- List the name of the insurance agent, along with an address and phone number.

**Liability Insurance Coverage**- List the policy number, effective date and the limits for this policy.

**Cargo Insurance Coverage**- List the policy number, effective date and the limits for this policy.

**Garage Keeper's Insurance Coverage**- List the policy number, effective date and the limits for this policy.

**\*\* NOTE: The South Carolina Highway Patrol, through your local Troop Headquarters, must be notified of any CHANGE in coverage or LOSS of coverage.**

**\*\* NOTE: You must include a valid Certificate of Insurance for each policy/type of coverage.**

## ***Section 4: Identify Wreckers To Be Used on Rotation***

**Wreckers**- Enter the make, model, VIN, license plate number and class for each wrecker that will be used by your business for rotation calls. If more than three, please use the additional space on page 2.

**\*\* NOTE: Each wrecker must be marked with the required signage and housed at the location of your business.**

**\*\* NOTE: If a new vehicle is obtained after the application inspection, you must contact your local Troop Headquarters to schedule an inspection prior to it being utilized for any rotation call.**

## ***Section 5: Proposed Fees***

**Proposed Fees**- Enter your proposed fees for each class of wrecker. List fees for "Standard Towing," "Special Operations" (where applicable), and "Daily Storage." If additional space is needed, you may complete Section 9 or submit the information on a separate page.

**\*\* NOTE: Fees must be approved by the Troop Commander. If approved for the Rotation List you will be provided a Fee Schedule listing the approved fees. A copy of the signed Fee Schedule must be kept in each wrecker at all times. Wrecker services performing rotation list calls may charge a lesser fee but cannot charge fees exceeding the SCHP-approved rates.**

**Section 6: Additional Drivers**

**Additional Drivers**- Use this section to list any additional drivers not listed in Section 2.

**Section 7: Business's Officers, Managers, and Supervisors**

List the name, address and phone number of each person working for the business who is an officer, manager, or supervisor AND attach all documents filed with the S.C. Secretary of State reflecting the organizational structure of the business.

**Section 8: Additional Wreckers That May Be Used on Rotation.**

**Additional Wreckers That May Be Used on Rotation**- Use this section to list any truck that was not listed in Section 4 on page 1.

**Section 9: Multi-disciplinary Accident Investigation Team (MAIT) Requirements**

At times, SCHP MAIT needs to secure vehicles involved in certain collisions in an enclosed building and employ specialized equipment to examine them. Please check the appropriate boxes to indicate if your business is equipped with the following: the ability to provide secure enclosed storage; an air tool supply; a regular vehicle lift; a commercial vehicle lift and/or heavy duty jack; the knowledge and ability to "cage" CMV brakes on scene; and the ability to provide for vehicle safekeeping until any examinations can be completed.

**Section 10: Comments**

**Comments**- Use this section to provide comments clarifying any information provided in the application.

**PLEASE READ AND AFFIRM THE APPLICATION REQUIREMENTS  
BY PROVIDING YOUR SIGNATURE, PRINTING YOUR NAME,  
AND DATING THE APPLICATION.**

# Checklist

Use the checklist below to ensure your application is complete and that all required items are attached:

- Is the application complete and accurate?
- Are SLED Criminal Records and Sex Offender Registry checks attached?
- Are all drivers listed?
- Is a Medical Examiner's Certificate attached for each CDL driver listed?
- Are all Certificates of Insurance attached?
- Are proposed fees listed or attached?
- Is the application signed and dated?

Your completed application packet should be mailed or delivered to the Troop Headquarters to which you are applying. **Applications must be submitted no later than October 1<sup>st</sup> of each calendar year.**