



SCHP WRECKER ROTATION APPLICATION

Application should be completed and submitted to Troop HQ no later than October 1st

APPLICANT INFORMATION

Name of Company:		Corporation or Limited Liability Company? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, see page 2)</i>	
Owner's Name:		Business Phone:	
Business Address:		County: Choose County	Zone:
City:	State:	Zip Code:	Troop #
Email 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

DRIVER INFORMATION

Number of Drivers:	SCHP must be notified within 10 days of all new hires and separations from employment.		
Driver's Name:	Driver's License:	State:	Class:
Driver's Name:	Driver's License:	State:	Class:
Driver's Name:	Driver's License:	State:	Class:

Please list additional drivers on page 2. Application must include medical examiner's certificate for all CDL drivers.

INSURANCE COVERAGE INFORMATION

SOUTH CAROLINA HIGHWAY PATROL TROOP HQ MUST BE NOTIFIED OF ANY CHANGE OR LOSS OF COVERAGE

Include Certificate of Insurance with this application

Insurance Company	Agent's Name:
Address:	Phone:

LIABILITY INSURANCE COVERAGE

Policy #	Effective Dates: to	Limits: \$
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CARGO INSURANCE COVERAGE

Policy #	Effective Dates: to	Limits: \$
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GARAGE KEEPERS INSURANCE COVERAGE

Policy #	Effective Dates: to	Limits: \$
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IDENTIFY TRUCKS THAT WILL BE USED ON ROTATION

Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:

Trucks must be used and marked for this location only. Please list additional trucks on page 2.

PROPOSED WRECKER FEES

Class A	Standard Towing \$	Special Operations \$	Daily Storage \$
Class B	Standard Towing \$	Special Operations \$	Daily Storage \$
Class C	Standard Towing \$	Special Operations \$	Daily Storage \$

Fees must be approved by the Troop Commander and a copy of the approved fees must be kept in each wrecker at all times. Wrecker services performing rotation list calls cannot charge fees exceeding the SCHP-approved rates.



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ADDITIONAL DRIVERS

Driver's Name:	Driver's License:	State:	Class:
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Driver's Name:	Driver's License:	State:	Class:
Driver's Name:	Driver's License:	State:	Class:

CORPORATE OFFICER AND ORGANIZERS OF LIMITED LIABILITY COMPANY INFORMATION SHOULD BE LISTED BELOW

Include Articles of Incorporation or Articles of Organization with application

Name/Office:	Address:	Phone:
Name/Office:	Address:	Phone:
Name/Office:	Address:	Phone:

ADDITIONAL TRUCKS THAT WILL BE USED ON ROTATION

Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
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Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:

ADDITIONAL INFORMATION RELATED TO PROPOSED WRECKER FEES (OPTIONAL)

Class A:
Class B:
Class C:

COMMENTS

I have read and understand S.C. Code of Regs. 38-600. I further understand that any violation of these regulations may result in the suspension or removal of the above towing service from the SCHP Wrecker Rotation List.

Signature of Applicant:	Print Name:	Date:
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