

PAY DIRECTLY TO STATE TRANSPORT POLICE

To pay a Size, Weight and Safety fine within 28 days of the date issued send a MONEY ORDER, CASHIER'S CHECK, CERTIFIED CHECK OR COMPANY CHECK for the LOWER AMOUNT that appears on the citation to the following address:

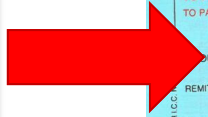
**SC State Transport Police
PO Box 1993
Blythewood, SC 29016**

**Physical Address for Priority Mail
SC State Transport Police
10311 Wilson Blvd
Blythewood, SC 29016**

**Postmarked Dates NOT accepted
DO NOT mail a personal check or cash.**

Remember to include a copy of the citation or the officer's name and citation number with all payments.

Within 28 calendar days of date issued the LOWER AMOUNT is paid to State Transport Police



FORM 0387 UNIFORM SIZE, WEIGHT AND SAFETY CITATION AND NOTICE
REV. 8/11
S.C. DEPARTMENT OF PUBLIC SAFETY, STATE TRANSPORT POLICE
STATE OF SOUTH CAROLINA VERSUS

FIRST NAME MIDDLE NAME LAST NAME
STREET AND NO. CITY STATE ZIP CODE
STATE LICENSED DRIVER'S LICENSE NO. DRIVER'S LIC. CLASS
VEH LIC. NO. STATE MAKE VEH/YEAR COMM CODE COMM VEH/TRUCK COMB HAZMAT/OTHER
TRL. LIC. NO. STATE MAKE VEH YEAR
YOU ARE SUMMONED TO APPEAR BEFORE THE TRIAL OFFICER
NAME OF TRIAL OFFICER STREET AND NO.
DATE OF TRIAL TIME OF TRIAL CITY STATE ZIP CODE
VIOLATION AXLE SECTION NO.
OWNER OF VEHICLE DATE OF ARREST
ADDRESS OF OWNER DATE OF VIOLATION
NAME OF ARRESTING OFFICER RANK BADGE DISTRICT STP CODE
BAIL DEPOSITED D S M P S W WHY NO OFFENSE CODE
TIME OF VIOLATION WEATHER TELE. NO. CITY LOCATION COUNTY NUMBER
MILITARY TIME 1 1 2 1 2 1 4
DOCKET NO.

TO PAY THIS FINE
TO PAY FINE WITHIN 28 DAYS OF ISSUANCE,
SEND REMITTANCE (back of ticket)
FOR THE
AMOUNT OF \$ FINE AMOUNT TO STATE TRANSPORT POLICE
REMIT TO:
S.C. STATE TRANSPORT POLICE
P.O. BOX 1993
BLYTHEWOOD, SC 29016

TO PAY FINE AFTER 28 DAYS OF ISSUANCE,
SEND MONEY ORDER, CASHIER'S CHECK OR CERTIFIED
CHECK (back of ticket) FOR THE
AMOUNT OF \$ FINE AMOUNT TO MAGISTRATE'S COURT
REMIT TO:
THE TRIAL OFFICER WHOSE NAME AND
ADDRESS APPEARS ABOVE
(AFTER 28 DAYS, SEND THE HIGHER AMOUNT TO
COURT, NOT TO STATE TRANSPORT POLICE)

VIOLATION GROSS WEIGHT LIMITATIONS
NO. AXLE WEIGHT
NO. AXLE WEIGHT
NO. AXLE WEIGHT
NO. AXLE WEIGHT
NO. AXLE WEIGHT
VEHICLE GROSS WEIGHT
LEGAL GROSS WEIGHT
POUNDS OVER LEGAL GROSS
THE SUM OF \$ FOR VIOLATION GROSS WEIGHT LAW IS DUE

COMPANY TELEPHONE NUMBER
VIOLATOR'S COPY W 41655

Citation Number
All Size, Weight and Safety citations begin with "W"



PAY DIRECTLY TO MAGISTRATE COURT

To pay a Size, Weight and Safety fine after 28 days of the date issued send a MONEY ORDER, CASHIER'S CHECK OR CERTIFIED CHECK for the higher amount to the Trial officer. Trial Officer (MAGISTRATE COURT) information appears on the citation in the area under *YOU ARE SUMMONED TO APPEAR BEFORE THE TRIAL OFFICER*

DO NOT mail a personal check, company check or cash.

Remember to include a copy of the citation or the officer's name and citation number with all payments.

If higher amount is paid to State Transport Police after the 28 days, payment will be returned to sender.

Name of Trial Officer is Magistrate Court information.



After 28 days **HIGHER AMOUNT** is paid to Magistrate Court.



FORM D8387 UNIFORM SIZE, WEIGHT AND SAFETY CITATION AND NOTICE
REV. 8/11 S.C. DEPARTMENT OF PUBLIC SAFETY, STATE TRANSPORT POLICE
STATE OF SOUTH CAROLINA VERSUS

FIRST NAME MIDDLE NAME LAST NAME

STREET AND NO. CITY STATE ZIP CODE

STATE LICENSED DRIVER'S LICENSE NO. DRIVER'S LIC CLASS

VEH LIC NO. STATE MAKE VEH/YEAR COMM CODE COMM V TRUCK HAZMAT OTHER

YOU ARE SUMMONED TO APPEAR BEFORE THE TRIAL OFFICER

NAME OF TRIAL OFFICER STREET NO. CITY STATE ZIP CODE

DATE OF TRIAL TIME OF TRIAL CITY STATE ZIP CODE

VIOLATION AXLE(S) VIOLATION SECTION NO.

OWNER OF VEHICLE DATE OF ARREST

ADDRESS OF OWNER DATE OF VIOLATION

NAME OF ARRESTING OFFICER RANK BADGE DISTRICT STP CODE

BAIL DEPOSITED DAY MONTH YEAR

TIME OF VIOLATION WEATHER MILES N E S W CITY LOCATION COUNTY NUMBER

TO PAY THIS FINE:
TO PAY FINE **WITHIN 28 DAYS** OF ISSUANCE,
SEND REMITTANCE (see back of ticket) FOR THE
AMOUNT OF \$ _____ NO. AXLE WEIGHT _____
REMIT TO: FINE AMOUNT TO STATE TRANSPORT POLICE
S.C. STATE TRANSPORT POLICE
P.O. BOX 1993
COLUMBIA, SC 29916
NO. AXLE WEIGHT _____
NO. AXLE WEIGHT _____
NO. AXLE WEIGHT _____
NO. AXLE WEIGHT _____

TO PAY FINE **AFTER 28 DAYS** OF ISSUANCE,
SEND MONEY ORDER, CASHIER'S CHECK OR CERTIFIED CHECK (see back of ticket) FOR THE
AMOUNT OF \$ _____ VEHICLE GROSS WEIGHT _____
REMIT TO: FINE AMOUNT TO MAGISTRATE'S COURT
THE TRIAL OFFICER WHOSE NAME AND ADDRESS APPEARS ABOVE
(AFTER 28 DAYS, SEND THE HIGHER AMOUNT TO COURT, NOT TO STATE TRANSPORT POLICE)
LEGAL GROSS WEIGHT _____
POUNDS OVER LEGAL GROSS _____
THE SUM OF \$ _____ IS DUE FOR VIOLATION GROSS WEIGHT LAW
COMPANY TELEPHONE NUMBER _____

VIOLATOR'S COPY w 41655

CITATION NUMBER
All Size, Weight and Safety citations begin with **"W"**

