



# 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:				
Primary Owner's Name(s):		<i>List additional owners in Section 7(A).</i>		
Primary Manager/Operator/Supervisor's Name(s):		<i>List additional managers/operators/supervisors in Section 7(B).</i>		
Physical Address of Business:		County: Choose County		Zone:
City:		State:	Zip Code:	Troop #
Mailing Address:		City:	State :	Zip Code:
Business Phone Number:		Optional Dispatch Contact Phone Number:		
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
SECTION 2 DRIVER INFORMATION (FULL LEGAL NAMES MUST BE SUPPLIED)				
Number of Drivers:		<b><i>SCHP must be notified within 10 days of all new hires and separations from employment.</i></b>		
Driver's Name:		Driver's License Number:	State:	Class:
Driver's Name:		Driver's License Number:	State:	Class:
Driver's Name:		Driver's License Number:	State:	Class:
<b><i>Please list additional drivers in Section 6. Application must include a Medical Examiner's Certificate for each CDL driver.</i></b>				
SECTION 3 INSURANCE COVERAGE INFORMATION				
<b><i>SOUTH CAROLINA HIGHWAY PATROL TROOP HQ MUST BE NOTIFIED OF ANY CHANGE IN OR LOSS OF COVERAGE</i></b>				
<b><i>Include Certificate(s) of Insurance with this application</i></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:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
<b><i>Each wrecker must be marked with the required signage. If wreckers on this application are owned by a business other than the business shown on this application, the wreckers may only be used by the business named on this application at the assigned business location. Please list additional wrecker(s) in Section 8.</i></b>				

**SECTION 5 Proposed Fees**

**Class A Wrecker**

Standard Towing Charge	*Special Operations	Storage
\$ Flat Fee	\$ Per Hour	\$ Per Day

*\*Special Operations are billed at a per hour rate in 1/2 hour increments.*

**Class B Wrecker**

Standard Towing Charge	*Special Operations	Storage
\$ Flat Fee	\$ Per Hour	\$ Per Day

*\*Special Operations are billed at a per hour rate in 1/2 hour increments.*

**Class C Wrecker**

*Standard Towing Charge	Special Operations	Storage
\$ Per Hour	**See below	\$ Per Day

*\*Standard Towing is billed at a per hour rate in 1/2 hour increments.  
 \*\*Although no Special Operations fee is set for Class C tows, a wrecker service may recover the actual cost of rented/subcontracted equipment or labor necessary to accomplish the job. Proof of these actual costs in the form of an itemized invoice or receipt from each third party providing such equipment or labor must accompany the tow bill.*

**Section below should be completed by Class C services only.**

Description of Service, Labor or Equipment	Proposed Fee	
Additional Wrecker	\$	Per hour
Dump Truck, Dump Trailer or Drop Dumpster	\$	Per hour
Rotator/Crane or equivalent	\$	Per hour
Truck Tractor with Box Trailer or equivalent	\$	Per hour
Truck Tractor with Flat Trailer or equivalent	\$	Per hour
Truck Tractor with Landoll/Lowboy/Tilt Trailer or equivalent	\$	Per hour
Skid Steer or equivalent	\$	Per hour
Forklift or equivalent	\$	Per hour
Backhoe or equivalent	\$	Per hour
Service Truck (includes all tools and equipment on board)	\$	Per hour
Tower Light System	\$	Per hour
Complete Air Bag Unit	\$	Per hour
Additional Labor (General)	\$	Per person/per hour
Additional Labor (Specialized)	\$	Per person/per hour

**NOTICE:**  
 Proposed rates for all equipment usage should include the cost of an operator, operating expenses, and the cost to transport the equipment to and from the scene.

***The proposed 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.***

***Note that approved fees are the maximum amount allowed by SChP and that wrecker services are free to charge a lesser amount.***

SECTION 6                      ADDITIONAL DRIVERS (FULL LEGAL NAMES MUST BE SUPPLIED)				
Driver's Name:	Driver's License Number:	State:	Class:	
Driver's Name:	Driver's License Number:	State:	Class:	
Driver's Name:	Driver's License Number:	State:	Class:	
Driver's Name:	Driver's License Number:	State:	Class:	
SECTION 7(A)                      ADDITIONAL OWNERS				
SECTION 7(B)                      ADDITIONAL MANAGERS/OPERATORS/SUPERVISORS (IDENTIFY POSITION(S))				
SECTION 8                      ADDITIONAL WRECKERS THAT MAY 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:
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Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
SECTION 9                      COMMENTS				
<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 (e.g., LLR, OSHA, Secretary of State), criminal convictions or pending criminal charges against wrecker service personnel, 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 personnel listed on this application who may participate in calls for service are in sufficiently good health to complete each rotation list assignment by SChP. Wrecker services are obligated to keep the Department apprised of any changes to their address, phone number, insurance, wreckers, or drivers, and failing to do so may be grounds for disciplinary action. I am aware that I may obtain additional information by reviewing South Carolina Department of Public Safety Policy 200.19 upon request. Further, I certify that I am an authorized representative of the service described below and with authority to legally bind such service in connection with matters herein.</b></p>				
Name of Service:			Date:	
Signature of Authorized Representative:		Print Name:	Position:	

# 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***

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

**Business Phone Number**-Enter the phone number of your business.

**Primary Owner's Name(s)**-List the name(s) of the primary owner(s) of your business. List the names of any additional owners in Section 7(A).

**Primary Manager/Operator/Supervisor's Name(s)**-List the names of the primary manager(s)/operator(s)/supervisor(s) with supervisory responsibility and/or a managerial role in your business. List the names of any additional persons meeting this description in Section 7(B).

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

**Mailing Address**-Enter the mailing address used for receiving US Mail (if different than physical address).

**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 used by 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.

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

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

**Driver's Name**- List each driver's full legal name as it appears on his/her 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 insuring your business.

**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. Class C services should also provide proposed fees for other equipment and labor.

**NOTE: Proposed 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(A): Additional Owners**

List the name(s) of any person(s) not listed in Section 1 who have an ownership interest in the business.

**Section 7(B): Additional Managers/Operators/Supervisors**

List the names of managers/operators/supervisors not listed in Section 1 who have supervisory responsibilities and/or managerial roles in your business. For each person listed, provide the person's job title.

**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: 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 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.**

## Contact Information

### **PATROL TROOP ONE HEADQUARTERS**

Street Address: 1626 Shop Road

Columbia, SC 29201

Telephone: 803-737-8340

Fax: 803-737-8323

[troop1@scdps.gov](mailto:troop1@scdps.gov)

**TROOP ONE COUNTIES: Clarendon, Kershaw, Lee, Lexington, Richland, Sumter**

### **PATROL TROOP TWO HEADQUARTERS**

Street Address: 1801 Bypass 25 SE, Greenwood, SC 29646

Mailing Address: Same

Voice: 864-227-6115

Fax: 864-227-3079

[troop2@scdps.gov](mailto:troop2@scdps.gov)

**TROOP TWO COUNTIES: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda**

### **PATROL TROOP THREE HEADQUARTERS**

Street Address: 33 Villa Road, Suite 200, Box 103

Greenville, SC 29615

Mailing Address: Same

Voice: 864-552-5000

Fax: 864-241-5028

[troop3@scdps.gov](mailto:troop3@scdps.gov)

**TROOP THREE COUNTIES: Anderson, Greenville, Oconee, Pickens, Spartanburg**

### **PATROL TROOP FOUR HEADQUARTERS**

Street Address: Rock Hill BTC: 454 S. Anderson Rd. Suite 400

Rock Hill, SC 29730

Mailing Address: Rock Hill BTC: 454 S. Anderson Rd., BTC523

Rock Hill, SC 29730

Voice: 803-639-9035

Fax: 803-366-9316

[troop4@scdps.gov](mailto:troop4@scdps.gov)

**TROOP FOUR COUNTIES: Cherokee, Chester, Chesterfield, Fairfield, Lancaster, Union, York**

## Contact Information

### **PATROL TROOP FIVE HEADQUARTERS**

Street Address: 3415 East Palmetto Street, Florence, SC 29506

Mailing Address: Same

Voice: 843-661-4700 - Option #4

Fax: 843-661-4757

[troop5@scdps.gov](mailto:troop5@scdps.gov)

**TROOP FIVE COUNTIES: Darlington, Dillon, Florence, Georgetown, Horry, Marion, Marlboro, Williamsburg**

### **PATROL TROOP SIX HEADQUARTERS**

Street Address: 597 Old Mount Holly Road Suite 304, Goose Creek, SC 29445

Mailing Address: Same

Voice: 843-953-6000

Fax: 843-953-6009

[troop6@scdps.gov](mailto:troop6@scdps.gov)

**TROOP SIX COUNTIES: Beaufort, Berkeley, Charleston, Colleton, Dorchester, Jasper**

### **PATROL TROOP SEVEN HEADQUARTERS**

Street Address: 1391 Middleton St.,

Mailing Address: 1391 Middleton St., Orangeburg, SC 29115

Voice: 803-531-6844

Fax: 803-531-6820

[troop7@scdps.gov](mailto:troop7@scdps.gov)

**TROOP SEVEN COUNTIES: Aiken, Allendale, Bamberg, Barnwell, Calhoun, Hampton, Orangeburg**