SC STATE TRANSPORT POLICE P.O. BOX 1993 BLYTHEWOOD S.C. 29016 CONTRACTOR REQUEST FOR ESCORT (TERMS & CONDITIONS)

Phone: #803-896-5500 Fax: #803-896-5526

Date of Request:			
STP Contact: STPESCORTS@s	cdps.gov/SGT Matthe	w Goff	
Phone: <u>803-896-5500</u> Email:	STPescorts@scdps.go	<u>ov</u>	
Requesting Contractor (Company Address:	y):		
Company Representative (Agent Phone:	E):Email:		
The above Company Agent request Officer(s) to provide marked policy required by D.O.T. permit. ESCORT INFORMATION: Origination Location:			
Destination Location:	0:	·	
Origination Date: Est. Completion Date:		ination Time: npletion Time:	
Est. Completion Date:	Est. Con	iipietion Time:	
Load Dimensions: Weight	Width	Length	Height
TERMS for ESCORT SERVICE: Services shall be rendered at an in shall include travel time to and from is made available for an escort. The company will reimburse the I officer's residence and during the at \$0.67 per mile. State Transport Police Officers with CANCELLATIONS/DELAYS: Cancellations must be made more Notice of cancellation shall be made designee. Failure to timely cancel administrative fee. This fee will be cancellation received after Officer excess of two hours following the a minimum charge of four (4) hours STP CONTRACTOR REQUEST	checlusive rate of \$50.00 cm the Officer's resident the Officer's resident there will be a minimular privision (STP) mileage entire escort. Effective than 24 hours prior to take by speaking to the lan escort request shape a minimum charge of the designated origination are per officer will be a specific to the language of the languag	ence and all time dum charge of two (2 e driven by the office January 1, 2024, the completion of the origination time. Transport Police Cell obligate requesto of \$100.00 per Office d to the assembly per time shall be deer assessed.	pring which the Officer. The hours per Officer. The rate is calculated The escort. The specified above. The aptain contact or his or to pay an accer. For any point or delays in med a cancellation and
TRANSPORT POLICE 48 HOUR WEEKENDS). By signature below Agent and Co specified herein. Typed/printed Name: Signature: Date:	RS PRIOR TO THE E	SCORT (NOT INC	CLUDING
Drivers			

Name/Cell #