## 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	ew Goff				
Phone: <u>803-896-5500</u> Email:	STPescorts@scdps.go	<u>ov</u>				
Requesting Contractor (Company Address:	y):					
Company Representative (Agent Phone:	): Email:					
The above Company Agent reque- Officer(s) to provide marked polic required by D.O.T. permit. <u>ESCORT INFORMATION:</u> Origination Location:						
Destination Location:						
Origination Date:	Oriș	gination Time:				
Est. Completion Date:						
Load Dimensions: Weight	Width	Length	Height			
TEDMS for ESCODE SEDVICE.						
TERMS for ESCORT SERVICE: Services shall be rendered at an in		ner hour for each (	Officer Rilled time			
shall include travel time to and fro						
is made available for an escort. T						
The company will reimburse the I						
officer's residence and during the						
at \$0.70 per mile.						
State Transport Police Officers wi CANCELLATIONS/DELAYS:	ll be compensated at	the completion of the	ne escort.			
Cancellations must be made more	than 24 hours prior to	o the origination tim	ne specified above			
Notice of cancellation shall be ma						
designee. Failure to timely cancel	• 1	•	•			
administrative fee. This fee will be						
cancellation received after Officer						
excess of two hours following the						
a minimum charge of four (4) hou						
STP CONTRACTOR REQUEST						
TRANSPORT POLICE 48 HOUF WEEKENDS).	RS PRIOR TO THE E	ESCORT (NOT INC	CLUDING			
By signature below Agent and Co specified herein.	mpany acknowledge	responsibility for pa	ayment of services as			
Typed/printed						
Name:						
Signature:						
Date:						
Drivers						

Name/Cell #