## 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: Kathy Lo	y/SGT Matthe	w Goff		
Phone: <u>803-896-5500</u>	Email: <u>STP</u> e	escorts@scdps.	gov	
Requesting Contractor ( Address:	Company):			
Company Representativ	e (Agent):			
Phone:	H	Email:		
The above Company Age Officer(s) to provide mar required by D.O.T. perm ESCORT INFORMATIC	ked police esc it.			
Origination Location:				
Destination Location:				
Origination Date:	Origination Time:			
Est. Completion Date:				
Load Dimensions · Weig		Width-	Length-	Height-

## TERMS for ESCORT SERVICE:

Name/Cell #

Services shall be rendered at an inclusive rate of \$50.00 per hour for each Officer. Billed time shall include travel time to and from the Officer's residence and all time during which the Officer is made available for an escort. There will be a minimum charge of two (2) hours per Officer. The company will reimburse the Division (STP) mileage driven by the officer to and from the officer's residence and during the entire escort. Effective January 1, 2023, the rate is calculated at \$0.655 per mile.

State Transport Police Officers will be compensated at the completion of the escort. <u>CANCELLATIONS/DELAYS:</u>

Cancellations must be made more than 24 hours prior to the origination time specified above. Notice of cancellation shall be made by speaking to the Transport Police Captain contact or his designee. Failure to timely cancel an escort request shall obligate requestor to pay an administrative fee. This fee will be a minimum charge of \$100.00 per Officer. For any cancellation received after Officers have been dispatched to the assembly point or delays in excess of two hours following the designated origination time shall be deemed a cancellation and a minimum charge of four (4) hours per officer will be assessed.

## STP CONTRACTOR REQUEST MUST BE SIGNED AND EMAILED BACK TO STATE TRANSPORT POLICE 48 HOURS PRIOR TO THE ESCORT (NOT INCLUDING WEEKENDS).

By signature below Agent and Company acknowledge responsibility for payment of services as specified herein.

Typed/printed Name: Signature: Date:	
Drivers	