



SPRINGDALE POLICE DEPARTMENT WRECKER ROTATION APPLICATION

Application must be completed and submitted to SPD no later than April 1st

SECTION 1					APPLICANT INFORMATION									
Name of Business:														
Primary Owner's Name(s):					List additional owners in Section 7(A).									
Primary Manager/Operator/Supervisor's Name(s):					List additional managers/operators/supervisors in Section 7(B).									
Physical Address of Business:					County:									
City:			State:			Zip Code:								
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 (check all that apply)					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:		Springdale must be notified within 10 days of all new hires and separations from employment.												
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:						
Please list additional drivers in Section 6. Application must include a Medical Examiner's Certificate for each CDL driver.														
SECTION 3										INSURANCE COVERAGE INFORMATION				
SPRINGDALE POLICE DEPARTMENT MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN OR LOSS OF COVERAGE														
Include Certificate(s) of Insurance with this application														
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:					
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.														

SECTION 5 Proposed Fees		
Class A Wrecker		
Standard Towing Charge	*Special Operations	Storage
\$ Flat Fee	\$ Per Hour	\$ Per Day
<i>*Special Operations are billed at a per-hour rate in 1/2 hour increments.</i>		
Class B Wrecker		
Standard Towing Charge	*Special Operations	Storage
\$ Flat Fee	\$ Per Hour	\$ Per Day
<i>*Special Operations are billed at a per-hour rate in 1/2 hour increments.</i>		
Class C Wrecker		
*Standard Towing Charge	Special Operations	Storage
\$ Per Hour	**See below	\$ Per Day
<i>*Standard Towing is billed at a per-hour rate in 1/2 hour increments.</i>		
<i>**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.</i>		

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 of transporting the equipment to and from the scene.

The Chief or designee must approve the proposed fees, 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 SPD-approved rates.

Note that approved fees are the maximum amount allowed by SPD 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:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
SECTION 9 COMMENTS				
<p>I have read the 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 SPD 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 Springdale Police Department 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 SPD. 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 Town of Springdale Ordinance O-24-08 upon request. Further, I certify that I am an authorized representative of the service described below and have the authority to legally bind such service in connection with matters herein.</p>				
Name of Service:				Date:
Signature of Authorized Representative:		Print Name:		Position:

SPD 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 or denied.**

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 it differs from the physical address).

County-Select the county 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) you are applying for. 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 Springdale Police Department 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 Springdale Police Department must be notified IMMEDIATELY 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 your business will use 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 the Springdale Police Department to schedule an inspection before using it for any rotation call.

Section 5: Proposed Fees

Proposed Fees- Enter your proposed fees for each wrecker class. Class C services should also provide proposed fees for other equipment and labor.

NOTE: The Chief or designee must approve proposed fees. 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 always be kept in each wrecker. Wrecker services performing rotation list calls may charge a lesser fee, but cannot charge fees exceeding the SPD-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 has 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 with 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 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 the proposed fees listed or attached?
- ☐ Is the application signed and dated?

**Your completed application packet should be mailed or delivered to the
Springdale Police Department at 2909 Platt Springs Road, West Columbia, SC
29170.**

Applications must be submitted no later than April 1st of each calendar year.