

**REQUEST FOR EXEMPTION FROM SEAL IDENTIFICATION REQUIREMENT**

**DATE:** \_\_\_\_\_

**TO:** SC Budget and Control Board State Fleet Management Office  
1430 Senate Street, 3<sup>rd</sup> Floor, Columbia, SC 29201

**FROM:** Agency \_\_\_\_\_  
\_\_\_\_\_

1. I hereby request exemption from the requirement to display a state or agency seal decal on the following vehicle(s):

| <u>VEHICLE<br/>YEAR/MAKE</u> | <u>TAG NUMBER</u> | <u>OWNED/LEASED</u> |
|------------------------------|-------------------|---------------------|
| _____                        | _____             | _____               |
| _____                        | _____             | _____               |
| _____                        | _____             | _____               |

2. Justification for this exemption request is as follows:

- a. \_\_\_\_\_ Vehicle used in actual undercover law enforcement work to the extent that investigation or investigator's physical well being will be jeopardized if identified.
- b. \_\_\_\_\_ \*Vehicle carries human service agency clients whose privacy would clearly and necessarily be impaired by identification.
- c. \_\_\_\_\_ \*Other reason (Please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*For justification 2b and 2c, please be explicit in explaining reasons seal exemption is required. Identify program(s) supported and reasons for exemptions. **Use additional page(s) if necessary.**

3. I certify that, if this exemption is approved, I will ensure that the vehicle(s) is (are) used in accordance with all statutes, regulations, and policies pertaining to the operation of state vehicles.

Signature of Agency Head: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Approved \_\_\_\_\_

By: \_\_\_\_\_  
State Fleet Manager

Disapproved \_\_\_\_\_

Date: \_\_\_\_\_