

ARTICLE 19-A SCHOOL DISTRICT/OTHER CONTRACT NOTICE

NOTE: This form shall be submitted by a carrier anytime a contract is added, dropped, or modified.

CARRIER INFORMATION									
Carrier/DBA Name		Lega	Legal Name (if different)			Federal ID Number		19-A Business ID Number	
Street Address					City		State	Zip Code	
SCHOOL DISTRICT/OTHER CONTRACT INFORMATION									
For EACH contract served, provide the following information. If you need more space to report contract information, you may photocopy this									
page and attach the copies to this form.									
☐ Add ☐ Drop ☐ Modify — Check ALL appropriate boxes to identify the type of institution/client groups served:									
Academic	☐ Day Care ☐ Mentally Disabled ☐ \				☐ Vocational	onal Nursery/Pre-School			
Camp	☐ Religious ☐		Physically Disabled		Other (Specify)				
Federal I.D. Number of Contract		C	ontract Name			Contract Perio	od		
Mailing Address (Include No. and Street)									
City		State	Zip Code		ounty	Tolopho	no Numbo	r (Area Code)	
City		State	Zip Code		ounty	()	(Area Code)	
Name of Article 19-A Contact Person				Title of C	ontact Person				
Add Drop — Check ALL appropriate boxes to identify the type of institution/client groups served:									
Academic	Day Care	_	Mentally Disabl		☐ Vocational		Nursery/F	Pre-School	
☐ Camp	Religious		Physically Disa	bled	Other (Specify)				
Federal I.D. Number of Contract		C	ontract Name			Contract Perio	od		
Mailing Address (Include No. and Street)									
City		State	Zip Code	C	ounty	Telenho	ne Numbe	r (Area Code)	
City		Otate	Zip code		Surity	()	(Fired Gode)	
Name of Article 19-A Contact Person				Title of C	ontact Person	•			
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Academic — Chec	Day Care	_	Mentally Disabl		Vocational	_	Nursary/F	Pre-School	
Camp	Religious		Physically Disa		Other (Specify)		radi Sci y/i	Te dellool	
Federal I.D. Number of Contract Contract Name					- Other (Opecity)	Contract Period			
Mailing Address (Include No. and Street)									
City		State	Zip Code	С	ounty	Telepho	one Numbe	r (Area Code)	
Name of Article 19-A Contact Person				Title of Contact Person					
				ı					
Signature of Carrier Representative X									
Print Name: Date									

Send a copy to New York State Department of Motor Vehicles, Bus Driver Unit; keep the original in your files.

All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, at (518) 473-9455 or via email at BusDriverUnit@dmv.ny.gov.

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