
**New York State
Department of Motor Vehicles**

**The Ideal
Article 19-A
Driver's File**

November 2010

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Acronyms and Abbreviations

ADRR	Annual Driving Record Review
AFCO	Annual Affidavit of Compliance
BDU	Bus Driver Unit
BTW	Biennial Behind The Wheel Driving Test
BWT	Biennial Oral/Written Test
CE	Article 19-A Certified Examiner
DCJS	New York State Division of Criminal Justice Services
DDO	Defensive Driving Observation
DMV	Department of Motor Vehicles
FBI	Federal Bureau of Investigation
GVWR	Gross Vehicle Weight Rating
MD	Doctor of Medicine
NP	Nurse Practitioner
DO	Doctor of Osteopathy
PA	Physician's Assistant
APN	Advanced Practice Nurse
T&I	Testing and Investigations (NYS DMV)

(NOTE: Unless otherwise specified, all 'Date' entries on all forms should be in the Month/Day/Year format.)

ARTICLE 19-A BUS DRIVER APPLICATION

Form DS-870

- * Required for every driver **hired** after **July 1, 1985**
- * If driver has worked previously for the carrier and is being rehired, the carrier should file a DS-885, *Article 19-A Bus Driver Add/Drop Notice*, instead of DS-870.
- * **Original must be sent to the Bus Driver Unit immediately** upon hiring of the driver. The application must be received by BDU within 10 days of the driver's hiring date.

Note - Carriers that are using the 19-A System electronically on-line do not have to mail the original DS-870 to the Bus Driver Unit (BDU). The original should be retained in the driver's Article 19-A file with the 19-A system Driver Activation receipt attached to it.

- * A legible copy must **always** remain in the driver's 19-A file.
- * Should be the first document of the file.



New York State Department of Motor Vehicles
ARTICLE 19-A BUS DRIVER APPLICATION

DS-870 (11/08)

(Complete all parts of this form. Please print or type.
 Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION							
Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip Code	County	Telephone Number	
Client/License ID Number (from Driver License)			State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

CARRIER INFORMATION							
Carrier/DBA Name		Legal Name (if different)		Federal ID Number		19-A Business ID Number	
Street Address		City	State	Zip Code	County	Telephone Number	
Name of Article 19-A Contact Person				Title	Is this employer/carrier a school bus carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL DRIVER INFORMATION
 Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? Yes No If "yes", give month and year of qualification _____

2. Are you a certified ARTICLE 19-A examiner? Yes No
 If "yes", give certificate number _____ and expiration date _____.

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):		What were the date(s) of your employment? (From - To)	Your job title
Employer Name and Address			

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):			
Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):				
Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. 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, 6 Empire State Plaza, Rm 220C, Albany NY 12228, (518) 473-9455.

Signature of Employer/Agent _____ Date _____

www.nysdmv.com

INTERIM QUALIFICATION NOTICE

(School Bus Drivers Only)

- * Sent to carrier after DMV fingerprints have been submitted and when the DCJS has cleared the individual and provided BDU with a criminal history response that includes no disqualifying convictions in New York State.

- * Letter indicates **ONLY HALF of the process** of clearing the driver for criminal history **has been** completed.

- * **Driver still has to be cleared by FBI** to be considered unconditionally qualified.

Note: Now that the fingerprints for school bus drivers are electronically scanned and the DCJS/FBI responses are received in a matter of days and sometimes on the same day, carriers may not always receive the Interim Qualification Notice.



**NEW YORK STATE
DEPARTMENT OF MOTOR VEHICLES
BUS DRIVER UNIT**

INTERIM QUALIFICATION NOTICE

The criminal history review that was requested pursuant to Article 119-A of the NYS Vehicle & Traffic Law (VTL) for the school bus driver/applicant named [redacted] has been partially completed.

The NYS Division of Criminal Justice Services has found no disqualifying conviction and/or potentially disqualifying violation, as specified in Section 509-cc of the VTL, in New York State at this time.

The Federal Bureau of Investigation has not yet completed its nationwide criminal history review of this driver's/applicant's fingerprints. When this is done, we will further advise you of this driver's/applicant's qualification status as a school bus driver in New York State.

FINAL QUALIFICATION NOTICE
(School Bus Drivers Only)

- * Sent to carrier after the FBI has completed its criminal history review and no disqualifying convictions have been identified.

- * **The driver has been cleared by the FBI** and is considered qualified.



**NEW YORK STATE
DEPARTMENT OF MOTOR VEHICLES
BUS DRIVER UNIT**

FINAL QUALIFICATION NOTICE

The criminal history review that was requested pursuant to Article 119-A of the New York State Vehicle and Traffic Law (VTL) for the school bus driver/applicant named above has been completed.

We are pleased to advise you that no disqualifying conviction and/or potentially disqualifying violation, as specified in Section 509-cc of the VTL, has been identified by either the NYS Division of Criminal Justice Services or the Federal Bureau of Investigation.

6 EMPIRE STATE PLAZA - ROOM 220C - ALBANY, NY 12228
PHONE: 518-473-9455 - FAX: 518-474-0593

ABSTRACT OF DRIVING RECORD

* There are multiple ways to get a NYS DMV driver abstract. Complete information can be found at <http://nysdmv.com/abstract.htm#HOWTO>. A few of these are:

- ⇒ If you need to access DMV abstracts frequently, you can open a Dial-In Search Account. The Dial-In Account allows you to use your computer and a modem to access DMV abstracts.
- ⇒ You can use form MV-15 to order abstracts by mail
- ⇒ You can obtain an abstract at a local DMV Office
- ⇒ May be obtained from insurance company or some other source - must show all required information.

* Must be attached to the DS-872 *Carrier's Annual Review of Employee's Driving Record Under Article 19-A*. **Note** - This does not apply to the pre-employment abstract.

* Must show

- ⇒ PRINT DATE
- ⇒ Motorist's full name
- ⇒ Address
- ⇒ License Number
- ⇒ License Class (Including all Restrictions and Endorsements)
- ⇒ License Expiration Date
- ⇒ Current Status (Valid, Revoked, Suspended, etc.)
- ⇒ Convictions
- ⇒ New-Scofflaws
- ⇒ Scofflaws
- ⇒ Accidents

NOTE: The Department reserves the right to verify any and all information contained on any *Abstract of Driving Record*.

ABSTRACT OF DRIVING RECORD

Document # ALWEB001

Total Fee Paid \$ 0.00

PRINT DATE: 2/08/2010 TIME: 09:09:50 OPERATOR: WEB OFFICE: DAB

SAMPLE, CDL, A
1 SWAN ST
ALBANY NY 12228

CLIENT ID#: 328415716
DOB: 01/10/1958 SEX: M
HEIGHT: 6-2 EYE COLOR: BROWN
COUNTY: ALBA
MI #: S01468 85887 560836-58

NAME ON LICENSE/ID: SAMPLE
CDL, A

LICENSE CLASS: CDL *A* STATUS: VALID EXPIRATION: 01/10/2014
CDL ENDORSEMENTS: PASSENGER
RESTRICTIONS: ADULT SEATING-14 OR LESS
S19A STATUS: INACTIVE - NONSCHOOL ONLY

***** ACTIVITY *****

CDL A 02/05/2010 ENDORSEMENTS: PASSENGER
RESTRICTIONS: ADULT SEATING-14 OR LESS

CDL A 06/02/2004 ENDORSEMENTS: PASSENGER
RESTRICTIONS: ADULT SEATING-14 OR LESS

CDL C 02/19/2003 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NOT VALID FOR AIR BRAKES, ADULT SEATING-14 OR LESS

CDL C 08/16/2001 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NOT VALID FOR AIR BRAKES, ADULT SEATING-14 OR LESS

DOCUMENT SURRENDERED ON: 03/15/1989 TO ONTARIO
RETURNED TO NY ON: 04/26/1990

CLASS CHANGE: 01/20/1994 NEW: *E* OLD: *4*

CLASS CHANGE: 12/30/1994 NEW: CDL *C* OLD: *E*

CLASS CHANGE: 11/30/2000 NEW: NONCDL *C* OLD: CDL *C*

CLASS CHANGE: 08/16/2001 NEW: CDL *C* OLD: NONCDL *C*

CLASS CHANGE: 02/19/2003 NEW: CDL *C* OLD: CDL *C*

CLASS CHANGE: 06/02/2004 NEW: CDL *A* OLD: CDL *C*

*** END OF RECORD ***

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles. Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

David J. Sweet

ABSTRACT OF DRIVING RECORD

Document # ALWEB002 , Total Fee Paid \$ 0.00
PRINT DATE: 2/08/2010 TIME: 09:10:67 OPERATOR: WEB OFFICE: DAB

SAMPLE, CDL, B
123 SWAN ST
ALBANY NY 12228

CLIENT ID#: 214032844
DOB: 01/15/1936 SEX: M
HEIGHT: 5-9 EYE COLOR: BROWN
COUNTY: ALBA
MI #: S01468 85887 570934-36

NAME ON LICENSE/ID: SAMPLE
CDL, B

LICENSE CLASS: CDL *B* STATUS: VALID EXPIRATION: 01/15/2014
CDL ENDORSEMENTS: PASSENGER, SCHOOL BUS
RESTRICTIONS: NONE
S19A STATUS: ACTIVE - SCHOOL QUALIFIED

***** ACTIVITY *****

CDL B 02/05/2010 ENDORSEMENTS: PASSENGER, SCHOOL BUS
RESTRICTIONS: NONE
CDL B 08/18/2005 ENDORSEMENTS: PASSENGER, SCHOOL BUS
RESTRICTIONS: NONE
CLASS CHANGE: 12/10/1991 NEW: *D* OLD: *5*
CLASS CHANGE: 03/18/1994 NEW: CDL *B* OLD: *D*

***** CONVICTIONS/BAIL FORFEITURE *****

CONVICTION: FLD YLD ROW-STP SIGN
VIOLATION: 07/16/2008 CONVICTED ON: 07/28/2008
LOCATION: SARATOGA COUNTY, TOWN OF HALFMOON
PENALTY: FINE- \$75 POINTS:
COMM VEH: NO HAZARDOUS: NO

***** ACCIDENTS *****

ACCIDENT DATE: 07/16/2008 IN ULSTER & PROP DAM COUNTY: SARA CASE #: 32-663792
POLICE & MOTORIST REPORT

*** END OF RECORD ***

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David J. Suber

ABSTRACT OF DRIVING RECORD

Document # ALWEB003

Total Fee Paid \$ 0.00

PRINT DATE: 2/08/2010 TIME: 09:11:68 OPERATOR: WEB OFFICE: DAB

SAMPLE, CDL, C
123 SWAN ST
ALBANY NY 12228

CLIENT ID#: 956523237
DOB: 06/20/1963 SEX: F
HEIGHT: 5-2 EYE COLOR: BROWN
COUNTY: ALBA
MI #: S01468 85887 584190-63

LICENSE CLASS: CDL *C* STATUS: VALID EXPIRATION: 06/20/2011
CDL ENDORSEMENTS: PASSENGER
RESTRICTIONS: NOT VALID FOR AIR BRAKES, ADULT SEATING-14 OR LESS,
CDL INTRASTATE ONLY, NO VEH OVER 18,000 LBS
S19A STATUS: ACTIVE - SCHOOL QUALIFIED

***** ACTIVITY *****
CDL C 02/27/2004 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NOT VALID FOR AIR BRAKES, ADULT SEATING-14 OR LESS,
CDL INTRASTATE ONLY, NO VEH OVER 18,000 LBS
CLASS CHANGE: 03/26/1992 NEW: *E* OLD: *4*
CLASS CHANGE: 03/26/1992 NEW: CDL *C* OLD: *E*
CLASS CHANGE: 06/20/1994 NEW: CDL *C* OLD: CDL *C*

***** SUSPENSIONS/REVOCATIONS *****
SUSPENSION: 11/26/2008 FLD PAY DRIV ASSS ORDER #: A081027
CLEAR ON: 11/26/2008 REQUIREMENTS MET
SUSPENSION: 12/21/2007 FLD ANSWER SUMMONS ORDER #: T1801KN
LOCATION: ULSTER COUNTY TOWN OF PLATEKILL
CLEAR ON: 12/18/2007 SCHOOL NUMBERED

*** END OF RECORD ***

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Paul J. Sweet

CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S DRIVING
RECORD UNDER ARTICLE 19-A
(Annual Driving Record Review)
Form DS-872

* Must be filled out completely.

* Interview must be conducted by carrier's or school district's authorized representative.

* Interview must be conducted with current abstract (*dated within 30 days, prior to interview*).
The interview cannot be conducted or dated prior to the print date of the abstract.

* Abstract must be attached to DS-872.

Driver Information must show:

- ⇒ Driver's full name
- ⇒ Date of birth
- ⇒ Complete address
- ⇒ Client/license ID number
- ⇒ State of license
- ⇒ Class of driver license
- ⇒ Endorsements, restrictions, expiration date

Carrier Information

- ⇒ Carrier's complete name and address
- ⇒ Federal ID Number
- ⇒ 19-A business ID number
- ⇒ Record of accident information
- ⇒ Record of convictions

Driver Certification must show:

- ⇒ Driver's signature
- ⇒ Date signed by driver (does not have to be the date supervisor signs form)

Carrier Certification must show:

- ⇒ Printed name of carrier representative
- ⇒ Title of carrier representative
- ⇒ Signature of carrier representative
- ⇒ Date of interview



CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S DRIVING RECORD UNDER ARTICLE 19-A

DRIVER INFORMATION

Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	
Street Address			City	State	Zip Code
Client/License ID Number (from Driver License)		State	Class of Driver's License	Endorsements	Restrictions
Expiration Date					

CARRIER INFORMATION

Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number
Street Address		City	State
			Zip Code

Were you involved in **ANY** motor vehicle accident(s) during the past 12 months? YES NO If YES, complete Accident Information section below:

ACCIDENT INFORMATION (if additional space is needed, use the back of this form)

Date of Accident	Location City, State, Zip Code, County	Briefly describe property damage, type of vehicle involved and approximate dollar value of damage for each vehicle	Number of People Injured	Were there any fatalities? YES or NO

Were you convicted of **ANY** traffic violation(s) (other than parking) or any crime(s) during the past 12 months? YES NO If YES, complete Record of Convictions section below:

RECORD OF CONVICTIONS (if additional space is needed, use the back of this form)

Date of Violation	Date of Conviction	Of What Charge Were You Convicted?	Type of Motor Vehicle Operated	Court Location City, State, Zip Code, County
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	

DRIVER CERTIFICATION

I certify that the information above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months, and accidents I was involved in during the past 12 months. If no violations or accidents are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months, or have been involved in any accidents during the past 12 months.

(Driver Signature) (Date)

CARRIER CERTIFICATION

I have compared the information given by the driver with the attached driver's abstract of operating record. I have ensured that all accident and conviction details not appearing on the driver's abstract are listed on this form. **I HAVE ATTACHED THE DRIVER'S ABSTRACT(S), WHICH MUST BE DATED WITHIN 30 DAYS PRIOR TO THE DATE OF THIS INTERVIEW.**

I interviewed this employee and certify that this driver meets the standards for safe driving, has been instructed in, and is in compliance with, the provisions of Article 19-A, and is qualified to drive a bus.

(Print Name of Carrier Representative) (Title)

(Authorized Signature of Carrier Representative) (Date of Interview)

REPORT ON ANNUAL DEFENSIVE DRIVING PERFORMANCE
FOR DRIVER UNDER ARTICLE 19-A
(Defensive Driving Observation)
Form DS-873

Section 1 Driver Certification must show:

- ⇒ Driver's full name
- ⇒ Date of birth
- ⇒ Complete address
- ⇒ Client/license ID number (from driver license)
- ⇒ State of license
- ⇒ Class of driver license
- ⇒ Endorsements
- ⇒ Restrictions
- ⇒ Expiration date

Section 2 Carrier Information must show:

- ⇒ Name of carrier
- ⇒ Federal ID Number
- ⇒ 19-A business ID number
- ⇒ Address of carrier

Section 3 Vehicle Information must show:

- ⇒ Type of vehicle (bus, van, ambulette, etc.)
- ⇒ Adult seating capacity
- ⇒ GVWR (gross vehicle weight rating)
- ⇒ Plate number
- ⇒ State of registration

Section 4 Observation must show:

- ⇒ Inside or outside checked
- ⇒ Each of the 10 categories marked either "Satisfactory" or "Unsatisfactory"
- ⇒ Comment on any category marked as Unsatisfactory

Section 5 Driver Acknowledgment must show:

- ⇒ Driver signature
- ⇒ Date driver signed form

Section 6 Examiner's Certification must show:

- ⇒ Certified Examiner's client/license ID number
- ⇒ Certified Examiner's Certificate number
- ⇒ Certified Examiner's Classification class, endorsements, restrictions, and expiration date



New York State Department of Motor Vehicles
**REPORT ON ANNUAL DEFENSIVE DRIVING
 PERFORMANCE FOR DRIVER UNDER ARTICLE 19-A**
 www.nysdmv.com

DS-873 (8/09)

INSTRUCTIONS TO CERTIFIED EXAMINER:

- Regular observation of a driver's defensive driving performance must be conducted while the driver is operating the vehicle with passengers.
- **This observation shall NOT be conducted on the same day as the biennial behind-the-wheel road test.**
- Discuss performance with driver, complete rating, driver acknowledgement, and examiner certification.

SECTION 1 - DRIVER INFORMATION					
Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	
Street Address			City	State	Zip Code
Client/License ID Number (from Driver License)		State	Class of Driver's License	Endorsements	Restrictions
Expiration Date					

SECTION 2 - CARRIER INFORMATION					
Carrier/DBA Name		Legal Name (if different)		Federal Number	19-A Business ID Number
Street Address			City	State	Zip Code

SECTION 3 - VEHICLE INFORMATION					
Type of Vehicle	Adult Seating Capacity	GVM	Vehicle Plate Number	State	

SECTION 4 - OBSERVATION (may be conducted inside or outside the vehicle) Observation Conducted: <input type="checkbox"/> Inside <input type="checkbox"/> Outside					
	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
1. Observation	<input type="checkbox"/>	<input type="checkbox"/>	7. Obeys Traffic Signs, Signals and Road Hazard Signs	<input type="checkbox"/>	<input type="checkbox"/>
2. Traffic Lane Use (include center line violation)	<input type="checkbox"/>	<input type="checkbox"/>	8. Observes Proper Following Distance..	<input type="checkbox"/>	<input type="checkbox"/>
3. Speed.....	<input type="checkbox"/>	<input type="checkbox"/>	9. Procedures for Receiving and Discharging Passengers	<input type="checkbox"/>	<input type="checkbox"/>
4. Properly Signals Intention	<input type="checkbox"/>	<input type="checkbox"/>	10. Traffic Interaction	<input type="checkbox"/>	<input type="checkbox"/>
5. Turning	<input type="checkbox"/>	<input type="checkbox"/>			
6. Vehicle Control	<input type="checkbox"/>	<input type="checkbox"/>			
Comments: (required if Unsatisfactory checked above) _____					

SECTION 5 - DRIVER ACKNOWLEDGEMENT	
I acknowledge discussion of my defensive driving performance with the examiner who observed and rated my performance.	

(Driver Signature)	(Date)

SECTION 6 - EXAMINER'S CERTIFICATION					
Certified Examiner's Name				Client/License ID Number (from Driver License)	
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date	
I certify that the above report is, to the best of my knowledge, true and correct, that I personally observed the above driver's defensive driving performance, and that I currently hold a valid examiner certification as required in accordance with Article 19-A of the New York State Vehicle and Traffic Law.			Certified Examiner's Signature		

Date of Observation



**EXAMINATION TO DETERMINE PHYSICAL CONDITION
OF DRIVER UNDER ARTICLE 19-A**

**19-A CARRIERS MAY USE EITHER THE CURRENT DMV FORM DS-874
OR THE CURRENT FEDERAL FORM 649-F**

To ensure the form used is current, and reflects any changes or updates to the requirements, it is strongly recommended that the most current form (either DMV or FMCSA) be downloaded at the time of the physical.

www.dmv.ny.gov or www.fmcsa.dot.gov

Form DS-874

Section 1 - DRIVER/CARRIER INFORMATION must show driver's:

- | | |
|--|--|
| ⇒ Full name | ⇒ Class of Driver License |
| ⇒ Date of birth | ⇒ Endorsements on Driver License |
| ⇒ Age | ⇒ Restrictions on Driver License |
| ⇒ Sex | ⇒ Expiration of Driver License |
| ⇒ Address (street, city, state and Zip) | ⇒ Carrier name or "Doing Business As" (DBA name) |
| ⇒ Client Identification number (CID - often referred to as 'license number') | ⇒ Legal Name of Carrier, if different |
| ⇒ State (that issued current License) | ⇒ Carrier's 19-A Business ID Number |

Section 2 - HEALTH HISTORY must show:

- ⇒ Either "Yes" or "No" checked for each item listed
- ⇒ If any are marked "Yes" provide details on the line provided (if more space is needed, use form DS-874C)
- ⇒ List all medications used regularly or recently (if more space is needed, use form DS-874 C)
- ⇒ Driver's Signature
- ⇒ Medical Examiner's comments

Section 3 - VISION must show:

- | | |
|--|---|
| ⇒ Visual Acuity (Snellen – in each eye) | ⇒ Date of Examination |
| ⇒ Field of vision in degrees for Left and Right eyes | ⇒ Name of eye doctor |
| ⇒ Color Perception Test acceptable ("Yes" or "No") | ⇒ Telephone number of eye doctor |
| ⇒ Corrective lens used to obtain Visual Acuity reading ("Yes" or "No") | ⇒ (Medical) License Number and state of issue of eye doctor |
| ⇒ Monocular Vision ("Yes" or "No") | ⇒ Signature of eye doctor |

Section 4 - BLOOD PRESSURE/PULSE RATE must show:

- ⇒ Blood pressure reading (taken twice)
- ⇒ Pulse Rate type (“Regular” or “Irregular”)
- ⇒ Pulse rate
- ⇒ Date of Examination

(At the top of page 2, there is a space for the driver’s name and Client ID/license number - this is helpful if the pages get separated.)

Section 5 - HEARING must show:

- ⇒ If hearing aid was used in test
- ⇒ If hearing aid was required to meet the standard
- ⇒ Distance, in feet, from where forced whisper can first be heard (Right and Left ear)
- ⇒ Audiometer: Record hearing loss, in decibels, for Right and Left ear

Section 6 - LABORATORY AND OTHER TEST FINDINGS must show:

- ⇒ Urinalysis findings: specific gravity (Sp. Gr.), protein, blood, sugar
- ⇒ Other test results

Section 7 – PHYSICAL EXAMINATION must show:

- ⇒ Height (ins.)
- ⇒ Weight (lbs.)
- ⇒ Either “Yes” or “No” checked for each “Body System” listed
- ⇒ Medical Examiner’s comments

Section 8 - MEDICAL EXAMINER’S CERTIFICATION must show:

- ⇒ Certification type: “New/Initial,” “Recertification,” or “Follow-Up”
- ⇒ Examiner’s determination of qualification
- ⇒ Restrictions and/or Follow-up
- ⇒ Examiner’s remarks
- ⇒ Examiner’s name (printed)
- ⇒ Examiner’s title
- ⇒ Examiner’s signature
- ⇒ Examiner’s address
- ⇒ Examiner’s license/certificate no.
- ⇒ Examiner’s license/certificate issuing state
- ⇒ Supervising Physician’s name (printed)
- ⇒ Supervising Physician’s signature
- ⇒ Supervising Physician’s license/certificate no.
- ⇒ Supervising Physician’s license/certificate issuing state

**INCOMPLETE PHYSICALS ARE THE MOST COMMON REASON FOR DRIVER DISQUALIFICATION.
The Carrier is ultimately responsible to verify that the form is correctly filled out.**



MEDICAL EXAMINATION REPORT OF DRIVER UNDER ARTICLE 19-A

INSTRUCTIONS TO MEDICAL EXAMINER: The complete standards and instructions for conducting this examination are found in Section 6.10 of the Commissioner's Regulations, 15NYCRR6, and can be found at http://www.dmv.ny.gov/art19.htm. They are also available from the driver's carrier named below or from the Bus Driver Unit. For New/Initial Examinations and Recertification—review/complete ALL items on the form and sign where indicated on last page. For Follow-up Examinations—complete ONLY those items which require follow-up information and/or evaluation from a prior examination. Sign the form where indicated. If additional space is required for further comments and information, use form DS-874C, and attach it to this form.

1 DRIVER/CARRIER INFORMATION (to be completed by the driver and/or driver's carrier)

Form with fields for Driver's Last Name, Street Address, Client/License ID Number, Carrier/DBA Name, etc.

2 HEALTH HISTORY (to be completed by the driver and reviewed by the medical examiner)

Health history table with columns for Yes/No and rows for various medical conditions like Any illness, Head/Brain injuries, Seizures, etc.

For any YES answer, the driver should indicate the condition, onset date, diagnosis, treating medical examiner's name and address, and any current conditions or comments here:

List all medications (including over-the-counter medications) used regularly or recently.

Additional comments/medications on attached DS-874C

I certify that the above information and any other information on any accompanying DS-874C, if used, is complete and true. I understand that inaccurate, false or missing information may invalidate this examination.

Signature and Date lines for the driver.

Medical Examiner's Comments: section with lines for notes.

TESTING (SECTIONS 3 THROUGH 8 TO BE COMPLETED BY THE MEDICAL EXAMINER)

3 VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Numerical readings must be provided.

Table with columns: ACUITY, UNCORRECTED, CORRECTED, FIELD OF VISION. Rows for Right Eye, Left Eye, Both Eyes.

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors. Yes No

Applicant meets visual acuity requirement only when wearing corrective lenses. Yes No Monocular Vision. Yes No

Complete next two lines only if vision testing is done by an ophthalmologist or optometrist.

Form with fields for Date of Examination, Name of Ophthalmologist or Optometrist, Telephone Number, License Number/State of Issue, Signature of Examiner.

4 BLOOD PRESSURE/PULSE RATE Standard: If the blood pressure is consistently above 160/90 mm. Hg., further testing may be necessary to determine whether the driver is qualified to operate a bus. Numerical reading must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure Readings table with columns for 1) Systolic/Diastolic, 2) Systolic/Diastolic.

Pulse Rate: Regular Irregular Record Pulse Rate: section.

Driver's Name: Last _____ First _____ MI _____ Driver's License/Client ID # _____

5 HEARING Standard: a) Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 40 dB
 Check if hearing aid used for tests. Check if hearing aid required to meet standard.

a) Record distance in feet from individual at which forced whispered voice can first be heard. b) If audiometer is used, record hearing loss in decibels.(acc. to ANSI Z24.5-1951)

Right ear \Feet | Left ear \Feet

OR

Right Ear			Left Ear		
500Hz	1000 Hz	2000 Hz	500Hz	1000 Hz	2000 Hz
Average:			Average:		

6 LABORATORY AND OTHER TEST FINDINGS -

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record):

URINE SPECIMEN

SP. GR	PROTEIN	BLOOD	SUGAR
--------	---------	-------	-------

7 PHYSICAL EXAMINATION (to be completed by the medical examiner) - Height _____ (in.) Weight _____ (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

BODY SYSTEM	CHECK FOR:	Yes* No	BODY SYSTEM	CHECK FOR:	Yes* No
1. General appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse	<input type="checkbox"/> <input type="checkbox"/>	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness	<input type="checkbox"/> <input type="checkbox"/>
2. Eyes	Pupillary equality, reaction to light accommodation, ocular motility, ocular muscle imbalance extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate	<input type="checkbox"/> <input type="checkbox"/>	8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins	<input type="checkbox"/> <input type="checkbox"/>
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums	<input type="checkbox"/> <input type="checkbox"/>	9. Genito-urinary System	Hernias	<input type="checkbox"/> <input type="checkbox"/>
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing	<input type="checkbox"/> <input type="checkbox"/>	10. Extremities- Limb impaired.	Loss or impairment of leg, foot, toe, arm, hand, finger, perceptible limp, deformities, atrophy, weakness, paralysis, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.	<input type="checkbox"/> <input type="checkbox"/>
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator	<input type="checkbox"/> <input type="checkbox"/>	11. Spinal, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness	<input type="checkbox"/> <input type="checkbox"/>
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing studies pulmonary tests and/ or xray of chest	<input type="checkbox"/> <input type="checkbox"/>	12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski reflexes, ataxia.	<input type="checkbox"/> <input type="checkbox"/>

* MEDICAL EXAMINER'S COMMENTS:

Additional comments on attached DS-874C.

8 MEDICAL EXAMINER'S CERTIFICATION: New/Initial Certification Recertification Follow-Up

I certify that I have examined (Print Driver's Full Name) _____ in accordance with the Commissioner's Regulations and with knowledge of the driver's duties. In accordance with Commissioner's Regulation 6.10, I find:

- the person named above is physically or medically qualified.
- the person named above **IS NOT** physically or medically qualified because _____
- the person named above is physically or medically qualified with **Restrictions and/or Follow-up** as detailed below:
 - Qualified only when wearing corrective/contact lenses.
 - Qualified - Certification required every six months for **diabetic condition**.
 - Qualified only when wearing a hearing aid.
 - Qualified only by use of prosthetic devices or equipment modifications.
 - Description/Type: _____
 - Qualified, other: _____

REMARKS: _____ Additional comments on attached DS-874C.

Print name and check title of: _____ Date: _____

Examining Physician
 Nurse Practitioner
 Physician Assistant *
 Advanced Practice Nurse *
 (who is not a Nurse Practitioner) } Signature of Examiner: _____
 Address of Examiner: _____
 License or Certificate No./Issuing State _____

* If the examination is conducted by a Physician Assistant or an Advanced Practice Nurse, who is not a Nurse Practitioner, the Supervising Physician must certify as follows:
I certify that the individual who conducted the above examination was acting under my direction and supervision and, if applicable, in accordance with a written practice or protocol agreement.

Print _____ (Name of Supervising Physician) Signature of Supervising Physician _____ License or Certificate No./Issuing State _____

SUPPLEMENT TO: Medical Examination of Driver Report Under Article 19-A

Form DS-874C

This form is to be used **ONLY** as a supplement to the Medical Examination form (DS-874), and should be attached to that form when completed.

This form (DS-874C) is ***not required*** to be used, but if additional space is needed by the examining medical staff or the driver being examined, this is the proper form to be used.

If this form is used, ***the following items are required:***

- ⇒ Driver's Last Name
- ⇒ Driver's First name
- ⇒ Driver's Middle Initial (M.I.)
- ⇒ Driver's Client ID #
- ⇒ Date

The following sections are used as needed:

HEALTH HISTORY

This is for additional driver and/or medical examiner comments and information continued from **Section 2** on the Medical Examination form (DS-874).

PHYSICAL EXAMINATION

This is for additional comments and information continued from **Section 7** on the Medical Examination form (DS-874).

MEDICAL EXAMINER'S CERTIFICATION & REMARKS

This is for additional remarks and information continued from **Section 8** on the Medical Examination form (DS-874).

When used, the DS-874 C form **MUST BE ATTACHED** to the completed form DS-874, *Medical Examination Report of Driver Under Article 19-A*.

The DS-874C form, by itself, is NOT a valid Medical Report.

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

Form 649-F

Can be used in place of the DS-874 “**EXAMINATION TO DETERMINE PHYSICAL CONDITION OF DRIVER UNDER ARTICLE 19-A**”

**19-A CARRIERS MAY USE EITHER THE CURRENT DMV FORM DS-874
OR THE CURRENT FEDERAL FORM 649-F**

**To ensure the form used is current, and reflects any changes or updates to the requirements,
it is strongly recommended that the most current form (either DMV or FMCSA)
be downloaded at the time of the physical.
www.dmv.ny.gov or www.fmcsa.dot.gov**

The 649-F provides for the medical examiner to show the same information as required on the DS-874 (but in a different format). The requirements are the same, with the exception of the Blood Pressure and Diabetes.

*The 649-F is made up of 9 (8½” by 11”) pages, and includes 5 pages that describe the Physical Qualifications for Drivers. The form used may be in either a two-side format, or a 9 page single-sided format. However, the **completed** form for the driver’s file must be the original, not a photocopy.*

NOTE: The only page that may not be an original is the Medical Examiner’s Certificate. The driver is required to carry the original to be produced upon demand by law enforcement or DOT. Therefore, a photocopy of this page only may be kept in the driver’s file.

PAGE 1:

Section 1 (Driver Information) must show driver’s:

- ⇒ Full name (Last, First, MI)
- ⇒ Social Security Number
- ⇒ Birth date (M/D/Y)
- ⇒ Age
- ⇒ Sex
- ⇒ New Certification/ Recertification/ Follow-up
- ⇒ Date of Exam
- ⇒ Street address
- ⇒ City / State / Zip Code
- ⇒ Work and home telephone number(s)
- ⇒ Driver License Number
- ⇒ License Class
- ⇒ State of issue

Section 2 (Health History) must show:

- ⇒ Either “Yes” or “No” checked for each item listed
- ⇒ If any are marked “Yes” explain in Remarks section on same page

Driver must sign and date form on this page, affirming that the information provided is accurate.

PAGE 2:

Driver's Name (Last, First, Middle) must be completed in the space provided at the top of the page.

TESTING (Sections 3 through 7 are completed by the Medical Examiner)

Section 3 (Vision) must show numerical readings for each eye:

- ⇒ Visual Acuity Uncorrected
- ⇒ Visual Acuity Corrected
- ⇒ Horizontal Field of Vision

The boxes must be checked stating

- ⇒ Applicant can recognize and distinguish traffic control signals and devices showing standard red, green and amber colors,
- ⇒ Applicant meets visual acuity requirement only when wearing corrective lenses,
- ⇒ Monocular Vision. NOTE: 19-A drivers are required to have 20/40 or better in each eye. Monocular vision would disqualify the driver medically from operating a 19-A vehicle.

If the Vision Testing is done by an ophthalmologist or optometrist, the identifying information must be provided as directed on the form.

Section 4 (Hearing) must be completed as required on the form. Please note that numerical readings are required – “OK” or “Normal” is not acceptable.

Section 5 (Blood Pressure / Pulse Rate) must include numerical readings as noted on the form. Blood pressure follow-ups required by the Medical Examiner must be performed and documented for the driver to remain medically qualified.

Section 6 (Laboratory and Other Test Findings) must be documented by numerical readings as noted on the form.

PAGE 3:

Driver's Name (Last, First, Middle) must be completed in the space provided at the top of the page.

Driver's Height (in inches) and Weight (in pounds) must be included.

Section 7 (Physical Examination) The Medical Examiner must check YES or NO for each Body System shown on the form. Any Body System marked YES requires comments included in the COMMENTS section on the same page.

Certification Status must be marked, including all applicable restrictions and/or exemptions.

Medical Examiner's information must be shown legibly on the form. NOTE: For Article 19-A compliance, the requirements for who can perform and sign off on the physical are the same as with the DS-874.

If the exam is conducted by a medical examiner other than a licensed doctor of medicine or osteopathy, or a nurse practitioner, the medical must be approved by and signed by a supervising or collaborating physician.

MEDICAL EXAMINER’S CERTIFICATE:

The original Medical Examiner’s Certificate must be carried by the driver when operating a commercial vehicle; therefore, this is the only page that can be a photocopy. All other pages must be originals, with signatures in ink.

INCOMPLETE PHYSICALS ARE THE MOST COMMON REASON FOR DRIVER DISQUALIFICATION
The Carrier is ultimately responsible to verify that the form is correctly filled out before the form is added to the driver’s file.

TESTING (Medical Examiner completes Section 3 through 7)

Name: Last, First, Middle,

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. **Monocular drivers are not qualified.**

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye o
Left Eye	20/	20/	Left Eye o
Both Eyes	20/	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? Yes No

Applicant meets visual acuity requirement only when wearing: Corrective Lenses

Monocular Vision: Yes No

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel. No. _____ License No./ State of Issue _____ Signature _____

4. HEARING

Standard: a) Must first perceive forced whispered voice \geq 6 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 40 dB
 Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -10dB for 500Hz, -10dB for 1,000 Hz, -5.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard

Right ear 1-foot
Left ear 1-foot

b) If audiometer is used, record hearing loss in decibels (see to ANSI 734.5-1991)

Right Ear	Left Ear
500 Hz	500 Hz
1000 Hz	1000 Hz
2000 Hz	2000 Hz
Average:	

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure Systolic Diastolic

Driver qualified if \leq 140/90.

Pulse Rate: Regular Irregular

Record Pulse Rate:

Reading 140-159/90-99 Category Stage 1

Expiration Date 1 year

Recertification

1 year if \leq 140/90.

One-time certificate for 3 months if 141-159/91-99.

1 year from date of exam if \leq 140/90

6 months from date of exam if \leq 140/90

6. LABORATORY AND OTHER BUSINESS

Numerical readings must be recorded

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record)

URINE SPECIMEN	SP. CR.	PROTEIN	BLOOD	SUCAR

7. PHYSICAL EXAMINATION

Height _____ (in.) Weight _____ (lbs.)

Name: Last, _____

First, _____

Middle, _____

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruises, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hemias.		
4. Mouth and Throat	Irreducible deformities likely to interfere with breathing or swallowing.			10. Extremities- Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Perforable limb, deformities, atrophy, weakness, paralysis, clubbing, edema, hypostonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities; abnormal patellar and Babinski's reflexes, ataxia		

***COMMENTS:**

Note certification status here. See Instructions to the Medical Examiner for guidance.

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to _____
- Driver qualified only for: 3 months 6 months 11 year Other

Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a _____ waiver/exemption. Driver must present exemption at time of certification.
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (See 49 CFR 391.62)
- Qualified by operation of 49 CFR 391.84

Medical Examiner's signature _____

Medical Examiner's name _____

Address _____

Telephone Number _____

[If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

49 CFR 391.41 Physical Qualifications for Drivers

THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: long haul (drivers drive 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross-country drivers), and team drivers (drivers share the driving by alternating their 6-hour driving periods and 5-hour rest periods.)

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours, extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 10,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo, lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s).

In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

§391.45 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a motor vehicle if that person:

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.

(2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or has been granted a SPE Certificate pursuant to §391.49.

(3) Has no established medical history or clinical diagnosis of diabetes mellitus requiring insulin for control.

(4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely.

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely.

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle.

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely.

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses; distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses; field of vision of at least 70 degrees in the horizontal meridian in each eye; and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber.

(11) First perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard 774.5-1951).

(12) (i) Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. (ii) Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: (A) Is familiar with the driver's medical history and assigned duties; and (B) Has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and (13) Has no current clinical diagnosis of alcoholism.

General Information

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, **The Driver's Role**.

In addition to reviewing the Health History section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the conditions to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring. In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complex as is indicated by the attached form. Contact the FMCSA at (202) 366-1780 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in italics and it's reference by section is highlighted.

Federal Motor Carrier Safety Regulations -Advisory Criteria-

Loss of Limb: §391.41(b)(1)

A person is physically qualified to drive a commercial motor vehicle if that person:
Has no loss of a foot, leg, hand or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49

Limb Impairment: §391.41(b)(2)

A person is physically qualified to drive a commercial motor vehicle if that person:
Has no impairment of (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iii) Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the Skill Performance Evaluation Certification Program pursuant to section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (391.41(b)(3) through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

Diabetes: §391.41(b)(3)

A person is physically qualified to drive a commercial motor vehicle if that person:
Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

Diabetic mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hypoglycemia or hyperglycemic reactions (tiredness, semiconsciousness, diabetic coma or insulin shock).

The administration of insulin is, within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers, and the FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hyperglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (202) 366-1780 for an application for a diabetes exemption.

(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin Using Commercial Motor Vehicle Drivers at <http://www.fmcsa.dot.gov/rulesregs/regreports.htm>)

Cardiovascular Condition §391.41(b)(4)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.

The term "has no current clinical diagnosis of" is specifically designed to encompass: "a clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be

accompanied by" is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure, and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCSRs to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is notified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not qualifying implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202) 368-1790 for additional recommendations regarding the physical qualification of drivers on coumadin.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at <http://www.fmcsa.dot.gov/ulc-regis/medreports.htm>)

Respiratory Dysfunction

§391.41(b)(5)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.

Since a driver must be alert at all times, any change in his or her medical state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in hypoventilation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not qualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at <http://www.fmcsa.dot.gov/ulc-regis/medreports.htm>)

Hypertension

§391.41(b)(6)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of high blood pressure; likely to interfere with ability to operate a commercial motor vehicle safely.

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCSA's

Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1987).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one year period.

Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered Stage 2 hypertension, and the driver is not necessarily unqualified during evaluation and

initiation of treatment. The driver is given a one time certification of three months to reduce his or her blood pressure to less than or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 180 (systolic) and 110 (diastolic) is considered Stage 3, high risk for an acute BP related event. The driver may not be qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at no time BP is 140/90 or less.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of symptomatic or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypotensive

on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease.

(See Cardiovascular Advisory Panel Guidelines for the Medical

Examination of Commercial Motor Vehicle Drivers at <http://www.fmcsa.dot.gov/ulc-regis/medreports.htm>)

Rheumatic, Arthritic, Orthopedic, Muscular,

Neuromuscular or Vascular Disease §391.41(b)(7)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onsets and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict higher movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or may result in disorientation of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then the individual has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See

Conference on Neurological Disorders and Commercial Drivers at <http://www.fmcsa.dot.gov/ulc-regis/medreports.htm>)

Epilepsy

§391.41(b)(8)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication.

If an individual has had a seizure episode of a non-epileptic nature or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications, and not taking antiseizure medication.

Drivers with a history of epileptic seizures off antiseizure medication and seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure free and off antiseizure medication for a 5-year period or more.

(See Conference on Neurological Disorders and Commercial

Drivers at

<http://www.fmcsa.dot.gov/rulesregaffairsreports.htm>)

Mental Disorders

§391.41(b)(9)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause nervousness, dizziness, confusion, weakness or paralysis that may lead to

inattention, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "ragging" pain may be present to such a degree that certification for commercial driving is inadvisable. Organic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive.

Disorders of a periodically insipidating nature, even in the early stages of development, may warrant disqualification. Many bus and truck drivers have documented list, "nervous trouble" related to neurotic, personality, or emotional adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have

deeply ingrained maladaptive or erratic behavior patterns. Pre-actively antagonistic, instinctive, impulsive, openly

aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those

individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.

(See Conference on Psychiatric Disorders and Commercial Drivers at

<http://www.fmcsa.dot.gov/rulesregaffairsreports.htm>)

Vision

§391.41(b)(10)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses,

with or without corrective lenses. Field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency if certain color perception tests are administered, (such as Ishihara, Pseudoisochromatic, Yam) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, nor telescopic lenses acceptable for the driving of commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses."

CMV drivers who do not meet the Federal vision standard

may call 1-800-368-7190 for an application for a vision exemption.

(See Visual Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregaffairsreports.htm>)

Hearing

§391.41(b)(11)

A person is physically qualified to drive a commercial motor vehicle if that person:

First perceives a forward whisper of voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standards (formerly AHA Standard) 7-74.5-1951.

Since the prescribed standard under the FMCSRs is the American Standards Association (ASA), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whisper voice test, the individual should be

stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 86, 18,

23, etc. The examiner should not use only stimulants (i.e. soundings materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid"

(See Hearing Disorders and Commercial Motor Vehicle Drivers at: <http://www.tnrcsa.dot.gov/ncvtrqs/medreqparts.htm>)

Drug Use

§391.41(b)(12)

A person is physically qualified to drive a commercial motor vehicle if that person:

Does not use a controlled substance identified in 21 CFR 1308.11

Schedule I, an amphetamine, a narcotic, or any other habit-forming drug.

Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned driver, and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

This exception does not apply to methadone. The intent of the medical certification process is to medically evaluate a driver to ensure that the driver fits no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit-forming drug, it may be cause for the driver to be found medically unqualified.

Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

(See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/ncvtrqs/medreqparts.htm>)

Alcoholism

§391.41(b)(13)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.

----- MEDICAL EXAMINER'S CERTIFICATE -----

I certify that I have examined _____ In accordance with the Federal Motor Car-
rier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses driving within an exempt intracity zone (49 CFR 391.62)
- wearing hearing aid accompanied by a Skill Performance Evaluation Certificate (SPE)
- accompanied by a _____ waiver exemption Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MID <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE _____

SIGNATURE OF DRIVER _____ DRIVER'S LICENSE NO. _____ STATE _____

ADDRESS OF DRIVER _____

MEDICAL CERTIFICATE EXPIRATION DATE _____

BIENNIAL BEHIND THE WHEEL ROAD TEST
UNDER ARTICLE 19-A VEHICLE AND TRAFFIC LAW

Form DS-875

The *Biennial Behind The Wheel Road Test* may not be conducted on the same day as the *Annual Defensive Driving Observation (DS-873)*.

The form must be complete and include:

Driver Information

- ⇒ Driver's full name
- ⇒ Date of birth
- ⇒ Complete address
- ⇒ Client/license ID number (from driver license)
- ⇒ Class of driver license (including all endorsements and restrictions)
- ⇒ Expiration date
- ⇒ Driver's signature

Carrier Information

- ⇒ Name of carrier
- ⇒ Federal ID number
- ⇒ 19-A business ID number
- ⇒ Address of carrier

Vehicle Information must show:

- ⇒ Type of vehicle (bus, van, ambulette, etc.)
- ⇒ Adult seating capacity
- ⇒ GVWR (gross vehicle weight rating)
- ⇒ Vehicle plate number
- ⇒ State of registration

Examiner's _____

- ⇒ Scoring (total point value and indicate if driver is Disqualified)
- ⇒ Results
 - ◇ Qualified
 - ◇ Disqualified
- ⇒ Certified Examiner's comments
- ⇒ Certified Examiner's:
 - ◇ Name
 - ◇ Client/license ID number
 - ◇ Certification number
 - ◇ Certification class
 - ◇ Endorsements and restrictions
 - ◇ Expiration date
 - ◇ Signature
 - ◇ Date of test
 - ◇ Comments on reverse, if any



ARTICLE 19-A BIENNIAL BEHIND THE WHEEL ROAD TEST

www.nysdmv.com

INSTRUCTIONS TO CERTIFIED EXAMINER

- This test shall not be conducted on the same day as the annual defensive driving performance observation. The test should be taken without passengers in the vehicle.
If the driver fails the test, he/she is disqualified from driving under Article 19-A. He/she may make a request to the carrier for a reexamination.
Examiner will circle the point value of those items not properly performed. Driver is disqualified if 40 or more points are circled or, if a DISQUALIFICATION (DQ) item is circled, or if any two 10-point items are circled.

DRIVER INFORMATION

Form with fields for Driver's Last Name, First, M.I., Date of Birth, Street Address, City, State, Zip Code, Client/License ID Number, State, Class of Driver's License, Endorsements, Restrictions, Expiration Date, Driver Signature.

CARRIER INFORMATION

Form with fields for Carrier/DBA Name, Legal Name, Federal ID Number, 19-A Business ID Number, Street Address, City, State, Zip Code.

VEHICLE INFORMATION

Form with fields for Type of Vehicle, Adult Seating Capacity, GVWR, Vehicle Plate Number, State.

Table with 4 columns: Item Number, Description, Point Value, and Item Number, Description, Point Value. Contains sections for PRE-TRIP TEST, DEPARTING, EN-ROUTE, PARKING AND BACKING, and SIMULATED PROCEDURES FOR RECEIVING/DISCHARGING PASSENGERS.

EXAMINER'S CERTIFICATION

Form with fields for SCORING: Total Points Circled Above, Disqualification (DQ) Circled Above, YES/NO, RESULTS: QUALIFIED/DISQUALIFIED.

CERTIFIED EXAMINER'S COMMENTS: (write or type on reverse side)

Form with fields for Certified Examiner's Name, Client/License ID Number, Certificate Number, Certification Class, Endorsements, Restrictions, Expiration Date, Certified Examiner's Signature, Date of Test.

ARTICLE 19-A BIENNIAL ORAL/WRITTEN TEST

Form DS-875Q

TEST MUST BE ADMINISTERED AND CORRECTED BY A CERTIFIED EXAMINER

Actual Written Test pages (with questions driver must answer) must be kept in the driver's file.

Each page must show:

- ⇒ Driver's name printed
- ⇒ Driver's signature
- ⇒ Date of test
- ⇒ Certified Examiner's initials



**ARTICLE 19-A BIENNIAL ORAL/
WRITTEN EXAMINATION**

INTRODUCTION:

- ◆ This examination is required under Section 6.12 of the Commissioner's Regulations. It will be conducted as an open-book test at the carrier's place of business.
- ◆ You must answer 20 questions: 15 in Section A, and 5 in Section B.
- ◆ The certified examiner will tell you which questions you must answer from Section A and Section B.
- ◆ Each question is worth 5 points. To pass, you must correctly answer at least 12 out of 15 questions in Section A, and at least 4 out of 5 questions in Section B, for a total score of 80. If you fail, you are disqualified from driving under Article 19-A. You may ask your carrier to let you take the examination again.

INSTRUCTIONS TO DRIVER:

1. Before beginning the exam, print and sign your name and enter the date at the top of each page of these question/answer sheets.
2. Listen carefully to the examiner, and circle the number of each of the questions you have to answer.
3. Read each of the questions you have to answer, and circle the selection (a, b, c or d) that you think best answers the question.
4. While taking this examination, you are permitted to refer to Part 6 of the Commissioner's Regulations, the New York State Commercial Driver's Manual, and the New York State Department of Motor Vehicles Driver's Manual.

Driver Name (print) _____

Driver Signature _____ Date: _____

SECTION A

1. The most important reason for being alert to a hazard is so:
 - a. Law enforcement personnel can be called.
 - b. You will have time to plan your escape if the hazard becomes an emergency.
 - c. You can help impaired drivers.
 - d. Accident reports will be accurate.

2. You are driving at 50 MPH. Driving conditions are ideal (dry pavement, good visibility). What is the least amount of space that you should keep in front of your vehicle to be safe?
 - a. 2 seconds
 - b. 3 seconds
 - c. 4 seconds
 - d. 5 seconds

3. You are driving a **new** bus with a manual transmission. What gear will you probably have to use on a long, steep downhill grade?
 - a. A higher gear than you would use to climb the hill.
 - b. None: Newer buses can coast down hills.
 - c. The same gear that you would use to climb the hill.
 - d. A lower gear than you would use to climb the hill.

4. You are driving a vehicle that could safely be driven at 55 MPH on an open road. But traffic is now heavy, moving at 35 MPH though the speed limit is 55. The safest speed for your vehicle is most likely:
 - a. 25 MPH
 - b. 35 MPH
 - c. 45 MPH
 - d. 55 MPH

5. While driving, you see a small (1 foot square) cardboard box ahead in your lane. You should:
 - a. Brake hard to avoid hitting it.
 - b. Hit it with your vehicle to knock it off the road.
 - c. Stop and direct traffic around it.
 - d. Steer around it without making a sudden or unsafe move.

6. Which of these statements is a good rule to follow when backing up your vehicle?
 - a. Use a helper whenever possible.
 - b. Rely on mirrors for all information on your path of travel.
 - c. Use the highest reverse gear while backing.
 - d. Back and turn toward the right side.

7. Immediately after a long, hot drive, you check air pressure in a tire and it is 5 lb. high. You should:
 - a. Let out 5 lb. of air from the tire.
 - b. Before the next trip, set the cold air pressure 5 lb. below the recommended level.
 - c. Recheck the pressure after the tire cools.
 - d. When you resume your trip, drive slower.

Certified Examiner Initial Here ♦

Driver Name (print) _____

Driver Signature _____ Date: _____

8. Which of these items is checked in a pre-trip inspection?
- a. Whether all vehicle lights are working and are clean.
 - b. Wiper blades.
 - c. Emergency exits.
 - d. All of the above.
9. Where or when should you test the stopping action of your service brakes?
- a. In a parking lot when the vehicle is not moving.
 - b. When moving at 5 MPH.
 - c. At a special Brake Testing Center only.
 - d. When the vehicle is going downhill without a load.
10. Which of these can cause a vehicle to skid?
- a. Turning too sharply.
 - b. Overacceleration.
 - c. Not enough weight on the front axle.
 - d. All of the above.
11. What is counter steering?
- a. Turning the wheel back in the other direction after steering to avoid a traffic emergency.
 - b. Turning the steering wheel counterclockwise.
 - c. Steering in the opposite direction from what other drivers expect you to do.
 - d. Using the steering axle brakes to prevent oversteering.
12. High beams should be:
- a. Used when it is safe and legal to do so.
 - b. Dimmed at the time that you get within 100 feet of another vehicle.
 - c. Turned on when an oncoming driver does not dim his/her lights.
 - d. All of the above.
13. Which of these statements about marking a stopped vehicle is true?
- a. If a hill or curve keeps drivers behind you from seeing the vehicle within 500 feet, the rear reflective triangle should be moved back down the road to give adequate warning.
 - b. The vehicle's tail lights should be kept on to warn other drivers.
 - c. You do not need to put out reflective triangles unless the vehicle will be stopped for 30 minutes or more.
 - d. All of the above are true.
14. You are driving in the right lane of a four-lane, **undivided** road. You come over a hill and find a car stopped ahead in your lane. You do not have room to stop, and the hill blocks your view to the rear. The shoulder is clear. Which of these is most likely the best action to take?
- a. Steer to the right.
 - b. Use hard braking and brace for collision.
 - c. Steer into the left lane.
 - d. Steer into the oncoming lanes.

Certified Examiner Initial Here ♦

Driver Name (print) _____

Driver Signature _____ Date: _____

15. You can see a marking on a vehicle ahead of you. The marking is a red triangle with an orange center. What does the marking mean?
- a. It is being driven by a student driver.
 - b. It may be a slow-moving vehicle.
 - c. The vehicle is hauling hazardous materials.
 - d. It is a law enforcement vehicle.
16. When driving through work zones, you should:
- a. Drive slowly.
 - b. Use your brake lights to warn drivers behind you.
 - c. Turn on your flashers.
 - d. Do all of the above.
17. You should stop driving:
- a. After 5 hours.
 - b. After 7 hours.
 - c. After 9 hours.
 - d. Whenever you become sleepy.
18. Which of these statements about drugs is true?
- a. A driver can use any **prescription** drug while driving.
 - b. Use of drugs can lead to accidents and/or arrest.
 - c. Amphetamines (“pep pills” or “bennies”) can be used to help the driver stay alert.
 - d. All of the above.
19. Which of these statements about using turn signals is true?
- a. You should use your turn signals to mark your vehicle when it is pulled off on the side of the road.
 - b. When turning, you should cancel the signal before you make the turn.
 - c. You do not need to use a signal when changing lanes in traffic on a four-lane highway.
 - d. When turning, you should signal early.
20. You must exit a highway using an off-ramp that curves downhill. You should:
- a. Come to a full stop at the top of the ramp.
 - b. Wait until you are in the curve before downshifting.
 - c. Slow down to a safe speed **before** the curve.
 - d. Slow down to the posted speed limit for the off-ramp.
21. You are driving a heavy bus with a manual transmission. You have to stop the vehicle on the shoulder while driving on an uphill grade. Which of these is a good rule to follow when putting it back in motion up the grade?
- a. Let the vehicle roll straight backwards a few feet before you engage the clutch.
 - b. Let the vehicle roll backwards a few feet before you engage the clutch, but turn the wheel so that the back moves away from the roadway.
 - c. Keep the clutch slipping while slowly accelerating.
 - d. Use the parking brake to hold the vehicle until the clutch engages.

Certified Examiner Initial Here ▾

Driver Name (print) _____

Driver Signature _____ Date: _____

22. As the Blood Alcohol Concentration (BAC) goes up, what happens?
- Judgment and self-control are affected.
 - The drinker can sober up in less time.
 - The drinker more clearly sees how alcohol is affecting him/her.
 - The effects of alcohol decrease.
23. When looking ahead of your vehicle while driving, you should look
- To the right side of the road.
 - To the left side of the road.
 - Back and forth, near and far.
 - Straight ahead at all times.
24. When the roads are slippery, you should:
- Make turns as carefully as possible.
 - Stop and test the traction while going up hills.
 - Decrease the distance that you look ahead of your vehicle.
 - Drive alongside other vehicles.
25. Which of these is a good thing to remember about using mirrors?
- You should look at a mirror for several seconds at a time.
 - Convex mirrors make things look larger and closer than they really are.
 - There are "blind spots" that your mirror cannot show you.
 - You should check your mirrors twice before making a lane change.
26. Which of these is a good thing to do when driving at night?
- Wear sun glasses.
 - Keep your instrument lights bright.
 - Keep your speed slow enough that you can stop within the range of your headlights.
 - Look directly at oncoming headlights only briefly.
27. Which of these is a sign of tire failure?
- Vibration.
 - A loud "bang".
 - Steering that feels heavy.
 - All of the above.
28. Your vehicle is in a traffic emergency and may collide with another vehicle if you do not take action. Which statement is true?
- Leaving the road is always more risky than hitting another vehicle.
 - Unbuckle your safety belt before impact so you will not be trapped inside your vehicle.
 - You can almost always turn to miss an obstacle more quickly than you can stop.
 - Stopping is always the safest action in a traffic emergency.
29. What should you do when your vehicle hydroplanes?
- Accelerate slightly.
 - Counter steer hard.
 - Release the accelerator.
 - Start stab-braking.

Certified Examiner Initial Here ↴

Driver Name (print) _____

Driver Signature _____ Date: _____

30. You are testing the stopping action of service brakes on a hydraulic system. Which of these can mean there is a problem?
- The brake pedal “feels” unusual.
 - The vehicle pulls to one side when the brake pedal is pressed.
 - Stopping action is delayed.
 - All of the above.
31. To avoid a crash, you had to drive onto the right shoulder. You are now driving at 40 MPH on the shoulder. What should you do next to move back onto the roadway?
- Keep moving at the present speed and steer **very gently** back onto the roadway.
 - If the shoulder is clear, stay on it until your vehicle comes to a stop.
 - Brake hard to slow the vehicle, then steer sharply onto the roadway.
 - Steer sharply onto the roadway, then brake hard as you counter steer.
32. While driving, ice builds up on your wipers and they no longer clean the windshield. You should:
- Keep driving and spray the windshield with washer fluid.
 - Stop safely and fix the problem.
 - Keep driving and turn the wipers off.
 - Keep driving and turn your defroster on.
33. Which of these is the most important thing to remember about emergency braking?
- If the wheels are skidding, you cannot control the vehicle.
 - Never do it without downshifting first.
 - It helps to keep the brake linings clean.
 - Disconnecting the steering axle brakes will help keep your vehicle in a straight line during emergency braking.
34. Which of these statements about cold-weather driving is true?
- Exhaust system leaks are less dangerous in cold weather.
 - In snowstorms, wiper blades should be adjusted so they do not make direct contact with the windshield.
 - An engine cannot overheat when the weather is very cold.
 - Windshield washer antifreeze should be used.
35. The road you are driving on becomes very slippery due to glare ice. Which of these is a good thing to do in such a situation?
- Stop driving as soon as you can safely do so.
 - Downshift to stop.
 - Apply the brakes often to keep the linings dry.
 - Keep varying your speed by accelerating and braking.
36. For your safety, when setting out reflective triangles, you should:
- Turn off your flashers.
 - Carry the triangles at your side.
 - Hold the triangles between yourself and oncoming traffic.
 - Keep them out of sight while you walk to the spot where you want to place them.

Certified Examiner Initial Here ▾

Driver Name (print) _____

Driver Signature _____ Date: _____

37. Which fires can you put out with water?
- Tire fires.
 - Gasoline/Diesel fuel fires.
 - Electrical fires.
 - All of the above.
38. Hydroplaning:
- Is more likely if tire pressure is low.
 - Only occurs when there is a lot of water.
 - Only occurs at speeds above 50 MPH.
 - Cannot occur when driving through a puddle.
39. You should avoid driving through deep puddles of flowing water. But if you must, which of these steps can help keep your brakes working?
- Driving through quickly.
 - Gently applying pressure to the brakes while driving through the water.
 - Applying hard pressure on both the brake pedal and accelerator after coming out of the water.
 - Turning on your brake heaters.
40. You must park on the side of a level, straight, two-lane road. Where should you place the reflective triangles?
- One within 10 feet of the front of the vehicle, one about 200 feet to the front, and one about 100 feet to the rear.
 - One within 10 feet of the rear of the vehicle, one about 100 feet to the rear, and one about 200 feet to the rear.
 - One within 10 feet to the rear of the vehicle, one about 100 feet to the rear, and one about 100 feet to the front of the vehicle.
 - One about 50 feet to the rear of the vehicle, one about 100 feet to the rear, and one about 100 feet to the front of the vehicle.
41. According to the **Driver's Manual**, why should you limit the use of your horn?
- It can startle other drivers.
 - On vehicles with air brakes, it can use air pressure that may be needed to stop.
 - The horn is not a good way to let others know you are there.
 - You should keep both hands tightly gripping the steering wheel at all times.
42. Which of these is a proper use of vehicle lights?
- Turning on your headlights during the day when visibility is reduced due to rain or snow.
 - Flashing your brake lights to warn someone behind you that you are going to stop on the road.
 - Flashing your brake lights to warn someone behind you of a hazard that will require slowing down.
 - All of the above.
43. Your Blood Alcohol Concentration (BAC) is determined by which of the following:
- Your weight.
 - The amount of alcohol you drink.
 - How fast you drink.
 - All of the above.

Certified Examiner Initial Here ◆

Driver Name (print) _____

Driver Signature _____ Date: _____

44. What is the proper way to hold a steering wheel?
- a. With both hands close together, near the bottom of the wheel.
 - b. With both hands, on opposite sides of the wheel.
 - c. With one hand.
 - d. With both hands close together, near the top of the steering wheel.
45. Which of these statements about speed management is true?
- a. When the road is slippery, it will take longer to stop and it will be harder to turn without skidding.
 - b. On a wet road, you should reduce your speed by about one-third.
 - c. On packed snow, you should reduce your speed by one-half.
 - d. All of the above.
46. On which fires can you use the "A:B:C" fire extinguisher?
- a. Electrical fires.
 - b. Burning liquids.
 - c. Burning cloth.
 - d. All of the above.
47. When should you wear seat belts?
- a. Only when traveling on a highway.
 - b. Only when engaged in interstate commerce.
 - c. Any time you are in a moving vehicle.
 - d. Only in states where it is required by law.
48. Which of these is a good thing to remember when crossing or entering traffic with a heavy vehicle?
- a. The heavier your load, the smaller the gap needed to cross traffic.
 - b. Because heavy vehicles are easy to see, you can count on other drivers to move out of your way or slow down for you.
 - c. Heavy vehicles need larger gaps in traffic than cars.
 - d. The best way to cross traffic is to pull the vehicle part of the way across the road and block one lane while waiting for the other lane to clear.
49. The **Driver's Manual** suggests several things to do when you pass a vehicle. Which of these is **not** one of them?
- a. Assume the other driver does not see you.
 - b. Lightly tap your horn.
 - c. At night, turn on your high beams before you start to pass, and leave them on until you have completely passed the vehicle.
 - d. Drive carefully to avoid a crash.
50. Which of these statements about drinking alcohol is true?
- a. Not everyone who drinks is affected by alcohol.
 - b. Coffee and fresh air will help a drinker sober up.
 - c. A few beers have the same effect on driving as a few shots of whiskey or a few glasses of wine.
 - d. All of the above are true.

Certified Examiner Initial Here ♦

Driver Name (print) _____

Driver Signature _____ Date: _____

51. You are driving a vehicle at 55 MPH on dry pavement. About how much total stopping distance will you need to bring it to a stop?
- a. The length of a football field.
 - b. The length of the vehicle.
 - c. Twice the length of the vehicle.
 - d. Half the length of a football field.
52. Which of these statements about managing space is true?
- a. Many accidents are caused by drivers keeping too much space in front of their vehicles.
 - b. Smaller vehicles require more space to stop than larger ones.
 - c. When the road is slippery, you need much more space to stop.
 - d. All of the above are true.
53. Every time you leave your vehicle, you should:
- a. Turn the steering wheel as far to the left as you can.
 - b. Leave it in gear (if it has a manual transmission).
 - c. Apply the parking brake.
 - d. Do all of the above.
54. Brake "fade":
- a. Is a problem that only occurs with drum brakes.
 - b. Can be caused by the brakes getting very hot.
 - c. Can be corrected by letting up on the brakes for 1-2 seconds and then reapplying them.
 - d. All of the above.

SAMPLE

Certified Examiner Initial Here ↴

Driver Name (print) _____

Driver Signature _____ Date: _____

SECTION B

1. Which of these statements about managing space to the sides of your bus is true?
 - a. You should avoid traveling next to others when possible.
 - b. You should keep your bus to the right side of your lane.
 - c. The lane position of buses is not affected by wind.
 - d. All of the above are true.

2. Which of these should be considered a hazard?
 - a. An ice cream truck.
 - b. A driver signaling a turn.
 - c. A blind intersection.
 - d. All of the above.

3. If your bus has an emergency exit door, it must:
 - a. Be free to open for fresh air.
 - b. Be closed when operating the bus.
 - c. Always have a red door.
 - d. Meet all of the above.

4. Which of the following types of cargo can never be carried on a bus?
 - a. Small arms ammunition labeled ORM-D.
 - b. Emergency drug shipments.
 - c. Irritating materials or tear gas.
 - d. All of the above.

5. Under Article 19-A of the Vehicle and Traffic Law and Part 6 of the Commissioner's Regulations, bus drivers who receive notice that their license, permit, or privilege to operate a motor vehicle has been suspended, revoked or withdrawn, must notify the motor carrier that employs them:
 - a. Within 5 business days of the following day they received the notice.
 - b. Within one week of the following day they received the notice.
 - c. By the end of the business day following the day they received the notice.
 - d. Only if it involves a drinking or drug offense or a motor vehicle accident.

6. To stop for railroad tracks, a bus driver should stop _____ to _____ feet before the nearest track.
 - a. 5; 20
 - b. 10; 35
 - c. 15; 50
 - d. 20; 65

7. You are driving on a slippery road during the day. How much space does the Driver's Manual say you should keep ahead of you?
 - a. Allow "much more space" than needed for ideal driving conditions.
 - b. Add "one second to the space needed in good driving conditions".
 - c. Allow "one car length for every 10 mph".
 - d. Allow "no more space" than you need under ideal conditions.

Certified Examiner Initial Here ↴

Driver Name (print) _____

Driver Signature _____ Date: _____

8. Which of these statements about speed management and braking is true?
- The total stopping distance of a bus is the distance it takes to stop once the brakes are applied.
 - The posted speed limit will always allow you to stop safely.
 - Stopping time increases one second for each 10 mph over 20 mph.
 - You need about four times as much stopping distance at 40 mph as at 20 mph.
9. Which of these statements about seeing ahead is true?
- At highway speed, you should look not more than 1/8 mile ahead.
 - Good drivers keep their attention on one place for 12 to 15 seconds at a time.
 - Many drivers do not look far enough ahead.
 - All of the above.
10. Under Article 19-A of the Vehicle and Traffic Law and Part 6 of the Commissioner's Regulations, bus drivers who are convicted of a traffic infraction must notify their employer of the conviction:
- Only when the traffic infraction took place while driving a bus.
 - Only when the traffic infraction took place in NY State.
 - Only if the conviction results in a suspension or revocation of the driver's license privileges.
 - When it occurs in any vehicle, in any jurisdiction.
11. You may sometimes haul small amounts of emergency hospital supplies on a bus. The total weight of all such hazardous material must not be more than _____ pounds.
- 5
 - 50
 - 500
 - 5,000
12. When you inspect your bus, make sure that:
- Every other handhold and railing is secure.
 - Emergency exit handles have been removed.
 - Rider signaling devices are working.
 - All of the above are true.
13. Many buses have curved (convex or "spot") mirrors. These mirrors:
- Do not need to be checked often because they show a larger area.
 - Are against the law in some states.
 - Make things seem smaller and farther away than they really are.
 - All of the above.
14. If a rider wants to bring a car battery or a can of gasoline aboard your bus, you should:
- Put the car battery or gasoline in the cargo compartment.
 - Not allow the rider to do it.
 - Tell the rider to sit in the rear of the bus.
 - Collect an extra fare for this type of cargo.

Certified Examiner Initial Here ↴

Driver Name (print) _____

Driver Signature _____ Date: _____

15. Under Article 19-A of the Vehicle and Traffic Law and Part 6 of the Commissioner's Regulations, bus drivers who are convicted of a traffic infraction must notify their employer of the conviction:
- a. Within one week of the date of violation.
 - b. Within 5 working days of the date of conviction.
 - c. Within 5 calendar days of the date of violation.
 - d. None of the above is correct.
16. Which of these statements about hazards is true?
- a. If you can see any part of another vehicle, assume the driver sees you.
 - b. A car with out-of-state license plates is a hazard because that state may not have inspection laws.
 - c. Movement inside a parked car could mean that a person is about to step out of it.
 - d. All of the above are true.
17. If there is no traffic light or attendant, stop for a drawbridge about _____ feet from the draw.
- a. 5
 - b. 25
 - c. 50
 - d. 100
18. Which of these will result in the best control on curves?
- a. Speed up slightly before curves, then keep speed constant through the curves.
 - b. Slow to a safe speed before entering curves, then coast through them.
 - c. Brake all the way through curves.
 - d. Slow to a safe speed before entering curves, then accelerate slightly through the curves.
19. A bus may carry baggage and freight only if secured so:
- a. The driver can move freely and easily.
 - b. Riders are protected from falling or shifting packages.
 - c. Any rider can use any door or window in an emergency.
 - d. All of the above are true.
20. A driver who operates a vehicle under Article 19-A of the Vehicle and Traffic Law and who fails to notify his/her employer of a suspension, revocation, or withdrawal of privileges to operate a motor vehicle within the prescribed time frame, is subject to:
- a. A minimum of a 5 working day suspension.
 - b. A minimum of a 10 working day suspension.
 - c. A suspension of 1 day for each day the driver failed to notify the employer, up to a maximum of 5 days.
 - d. A maximum of a 5 working day suspension.
21. You are driving at night and you must dim your headlights from high to low. What should you do with your speed?
- a. Drop 5 mph until your eyes adjust.
 - b. Nothing: How well you see should not affect speed.
 - c. Slow down.
 - d. Speed up.

Certified Examiner Initial Here ♦

Driver Name (print) _____

Driver Signature _____ Date: _____

22. It is best to wear your seat belt:
- Only if your bus holds more than 27 people.
 - At all times.
 - Unless you will not be driving over 35 mph.
 - Only on sand, gravel, or ice-covered roads.
23. You are driving a 40 foot bus at 30 mph. The road is dry and visibility is good. You should keep a safety space in front of your bus that is at least _____ seconds.
- 8
 - 7
 - 4
 - 3
24. How many folding aisle seats are allowed in a bus that is not carrying farm workers?
- 0
 - 4
 - 6
 - 8
25. According to Part 6 of the Commissioner's Regulations ("Special Requirements for Bus Drivers"), no person shall consume an intoxicating liquor, regardless of its alcoholic content, within _____ hours before going on duty or having physical control of a bus.
- 4
 - 6
 - 8
 - 10
26. When you discharge an unruly rider, you should choose a place that is:
- Near a police station.
 - Isolated, so he won't bother others.
 - As safe as possible.
 - Convenient for you.
27. When should you check your mirrors for a lane change?
- After signaling the change.
 - Right after starting the lane change.
 - After completing the lane change.
 - All of the above.
28. Buses may have recapped or regrooved tires:
- Anywhere except on the front wheels.
 - On any or all of the wheels.
 - Only when speeds will be less than 40 mph.
 - Only on the outside duals.

Certified Examiner Initial Here ♦

Driver Name (print) _____

Driver Signature _____ Date: _____

29. Which of the following lists the three types of emergency equipment that you must have on your bus?
- Reflectors, fire extinguisher, tire repair kit.
 - Hydraulic jack, fire extinguisher, signal flares.
 - Fire extinguisher, spare electric fuses (unless equipped with circuit breakers), reflectors.
 - First aid kit, spare electric fuses (unless equipped with circuit breakers), fire extinguisher.
30. According to Part 6 of the Commissioner's Regulations "Special Requirements for Bus Drivers", no person shall consume a drug or controlled substance within _____ hours before going on duty or having physical control of a bus:
- 24
 - 12
 - 6
 - 4
31. Your bus is disabled. The bus, with riders aboard, may be towed or pushed to a safe spot to discharge the passengers only if:
- The distance is less than 1 mile.
 - Getting off the bus sooner would be unsafe.
 - A peace officer or rescue crew is present.
 - Done by a 27,000 pound GVWR or larger tow truck.
32. You should not let riders stand:
- Between the wheel wells.
 - In front of the standee line.
 - Within two feet of an emergency exit.
 - In a space reserved for persons with disabilities.
33. If you have riders aboard, you should never fuel your bus:
- Without a fire bottle beside you.
 - In a closed building.
 - Without attaching the grounding cable.
 - With any of the windows open.

Certified Examiner Initial Here ♦

ARTICLE 19-A ORAL/WRITTEN EXAMINATION RESULTS

Form DS-875Y

Type of examination and date of examination must be clearly indicated.

Driver Information must be complete with:

- ⇒ Driver's full name
- ⇒ Date of birth
- ⇒ Complete address
- ⇒ Client/license ID number
- ⇒ State of license
- ⇒ Class of driver license
- ⇒ Endorsements, restrictions
- ⇒ Expiration date
- ⇒ Driver's signature

Carrier Information must indicate:

- ⇒ Name
- ⇒ Federal ID number
- ⇒ 19-A business ID number
- ⇒ Address

Driver Test Results must indicate:

- ⇒ Passed
- ⇒ Failed

Examiner's Certification must be complete, showing:

- ⇒ Certified Examiner's full name
- ⇒ Client/license ID number (from driver's license)
- ⇒ Certificate number
- ⇒ Certification class
- ⇒ Endorsements, restrictions, expiration date
- ⇒ Signature of Certified Examiner
- ⇒ Date of examination



ARTICLE 19-A ORAL/Written EXAMINATION RESULTS

INSTRUCTIONS TO CERTIFIED EXAMINER

After administering the exam, and using the answer key provided (Form DS-875Z, "Article 19-A Written Examination Answer Sheet"), complete this form and attach it to the driver's completed examination.

TYPE OF EXAMINATION		
<input type="checkbox"/> Oral	<input type="checkbox"/> Written	<input type="checkbox"/> Re-examination

DRIVER INFORMATION					
Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	
Street Address			City	State	Zip Code
Client/License ID Number (from Driver License)	State	Class of Driver's License	Endorsements	Restrictions	Expiration Date
Driver Signature					

CARRIER INFORMATION			
Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number
Street Address	City	State	Zip Code

DRIVER EXAMINATION RESULTS	
<input type="checkbox"/> Passed	<input type="checkbox"/> Failed - Driver Disqualified

EXAMINER'S CERTIFICATION					
<i>I certify that I have tested the above driver in compliance with Section 6.12 and/or Section 6.15 of Part 6 of the Commissioner's Regulations. The employer has been notified of the results.</i>					
Certified Examiner's Name				Client/License ID Number (from Driver License)	
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date	
Certified Examiner's Signature				Date of Examination	

ARTICLE 19-A BUS DRIVER ADD/DROP NOTICE

Form DS-885

This form is sent by the carrier to Bus Driver Unit anytime a driver leaves the carrier's employment, is rehired or reinstated or is disqualified by the carrier. It must be received by Bus Driver Unit within 10 days of the date the driver left the carrier's employ, is rehired or is disqualified. A copy of this form must be kept in the driver's file to explain any absences or lapses in procedures.

Note: Carriers that are using the 19-A System electronically on-line do not have to mail the original DS-885 to the BDU. The original or copy should be retained in the driver's Article 19-A file, with the 19-A System Driver Disconnect Receipt attached. When disqualifying a driver for a test or examination failure, the electronic carrier must send the DS-885 and attach a copy of the failed test/examination to the BDU.

Form must show:

- ⇒ Carrier information typed or printed on the top
- ⇒ Company Name and DBA
- ⇒ Company Address
- ⇒ Federal Identification Number
- ⇒ 19-A Business ID Number
- ⇒ Name of Carrier Representative
- ⇒ Signature of Carrier Representative
- ⇒ Date form was sent (month/day/year)

To add or re-instate a driver, carrier must complete the **Column A - ADDS** section.

Driver information must include:

- ⇒ Driver's full name (as it appears on the license)
- ⇒ Client ID Number (from license)
- ⇒ Date of Birth
- ⇒ State of License
- ⇒ Effective Date Driver Rehired/Reinstated (month/day/year)

To drop a driver, carrier must complete **Column B - DROPS** section.

Driver information must include:

- ⇒ Driver's full name (as it appears on the license)
- ⇒ Client ID Number (from license)
- ⇒ Date of Birth
- ⇒ State of License
- ⇒ Effective Date Driver Dropped
- ⇒ Is driver disqualified by carrier? Y/N
- ⇒ If disqualified, the reason for disqualification
- ⇒ If a driver is being dropped and disqualified by the carrier for the driver's failure of the biennial road test, oral/written test or medication examination, a copy of the failed/test/examination must be attached.



ARTICLE 19-A BUS DRIVER ADD/DROP NOTICE

- Complete **CARRIER INFORMATION**.
- Complete **COLUMN A (ADDS)** for any bus driver who is being rehired or reinstated with your company.
- Complete **COLUMN B (DROPS)** for any bus driver who has left service with your company for any reason, or who is on a leave of absence that will prevent you from keeping that driver's 19-A records up-to-date, or who you have disqualified.

Please type or print the following information:

CARRIER INFORMATION

Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number
Street Address	City	State	Zip Code
Name of Carrier Representative	Signature of Carrier Representative	Date	

COLUMN A - ADDS			COLUMN B - DROPS		
NOTE: If you are employing a bus driver for the first time, do not use this form; use form DS-870, the Article 19-A Bus Driver Application.			NOTE: If you are dropping a driver you disqualified because the driver failed the 19-A biennial road test, biennial oral/written test, or medical examination, you must check the "YES" box in the DRIVER DISQUALIFIED field, indicate the reason for disqualification, and attach a copy of the failed or failed medical examination.		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER'S LAST NAME	FIRST	M.I.
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED			EFFECTIVE DATE OF DROP		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER DISQUALIFIED	REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EFFECTIVE DATE DRIVER REINSTATED					
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER'S LAST NAME	FIRST	M.I.
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED			EFFECTIVE DATE OF DROP		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER DISQUALIFIED	REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EFFECTIVE DATE DRIVER REINSTATED					
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER'S LAST NAME	FIRST	M.I.
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED			EFFECTIVE DATE OF DROP		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER DISQUALIFIED	REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EFFECTIVE DATE DRIVER REINSTATED					

PLEASE SUBMIT THE ORIGINAL COMPLETED COPY OF THIS FORM TO: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany, New York 12228. In addition, you are required to keep a copy of completed form DS-885 in your drivers' 19-A files. **THE BUS DRIVER UNIT MUST RECEIVE THIS FORM WITHIN 10 DAYS OF THE EFFECTIVE DATE LISTED ABOVE.**

