



# ARTICLE 19-A BIENNIAL BEHIND THE WHEEL ROAD TEST

www.dmv.ny.gov

## 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

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

## VEHICLE INFORMATION

Type of Vehicle	Adult Seating Capacity	GVWR	Vehicle Plate Number	State
-----------------	------------------------	------	----------------------	-------

	Point Value		Point Value
<b>1. PRE-TRIP TEST</b>		<b>EN-ROUTE (Continued)</b>	
A. Failed to check wheels, tires	5	J. Failed to use proper speed - impedes traffic	5
B. Failed to check validation of required vehicle stickers	5	K. Failed to use proper steering control	5
C. Failed to check lights	5	L. Failed to use proper braking	5
D. Failed to check windshield, wipers, horn, and steering	5	M. Failed to use proper acceleration	5
E. Failed to check emergency equipment: fire extinguisher, and emergency reflectors	5	N. Failed to use proper speed for conditions	DQ
F. Failed to check seats and restraints when equipped.	5	O. Failed to anticipate and/or identify hazards	5
G. Failed to check passenger entry and emergency exits	5	P. Failed to yield right-of-way	DQ
H. Failed to check all gauges, heater, and defroster	5	Q. Failed to use proper lane/s	10
I. Failed to check all mirrors and adjust as needed	5	R. Failed to properly use transmission	5
J. Failed to perform static brake check	5	S. Failed to observe traffic control devices	DQ
K. Failed to properly use seat belt	5	<b>4. PARKING AND BACKING</b>	
L. Failed to perform 50 ft. brake test	10	A. Failed to leave the vehicle to check rear before backing (no observer)	10
<b>2. DEPARTING</b>		B. Failed to observe (backing)	DQ
A. Failed to signal	5	C. Unable to park	DQ
B. Failed to observe	10	D. Failed to properly position the vehicle	5
C. Failed to use caution	10	E. Stopped too far away from, or hit, curb	5
<b>3. EN-ROUTE</b>		F. Excessive maneuvers in parking	5
A. Failed to properly signal	5	<b>5. SIMULATED PROCEDURES FOR RECEIVING/ DISCHARGING PASSENGERS</b>	
B. Failed to observe	10	A. Failed to use caution at approaching/departing, receiving/discharging points	DQ
C. Failed to demonstrate proper judgment approaching/at intersection; speed, turning, stopping, observing, etc.	10	B. Failed to properly activate warning lights/devices (where applicable)	DQ
D. Failed to make proper lane changes; signals _____, observes _____, procedure _____	5	C. Lacked knowledge of proper crossing procedures as required by NYS Education Department (where applicable)	DQ
E. Failed to regularly check mirrors while driving	5	D. Failed to observe pedestrians/passengers or other hazards at receiving and discharge points	DQ
F. Failed to stop properly at RR crossing	DQ		
G. Failed to use proper clutch/engine control	5		
H. Failed to use proper judgment in traffic	10		
I. Failed to demonstrate proper following distance	DQ		

## EXAMINER'S CERTIFICATION

<b>SCORING:</b> Total Points Circled Above _____	Disqualification (DQ) Circled Above _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>RESULTS:</b> <input type="checkbox"/> QUALIFIED
	Two 10-point items Circled Above _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DISQUALIFIED

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

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 Test	