



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	

