

New York State Department of Motor Vehicles
 BUS DRIVER UNIT



APPLICATION FOR ARTICLE 19-A CERTIFIED EXAMINER

www.dmv.ny.gov

INSTRUCTIONS/INFORMATION

- Complete page 1 and page 2 of this form and sign the Affirmation section. **Please print clearly.**
- In order to be certified, you must have a valid commercial driver license with appropriate endorsements. You must be properly licensed in the class in which you will be testing drivers.
- If your commercial driver license was issued by a state other than New York, attach a recent certified driver license abstract from the state that issued your license.
- You must have an acceptable driving record (no more than 6 points accumulated on your record within the preceding 18-month period).
- Mail this completed, signed form and required documentation to the following address:

Bus Driver Unit
 NYS Department of Motor Vehicles
 6 Empire State Plaza Room 136B
 Albany, NY 12228

If your application meets initial qualification standards, you will be notified by mail to contact a Motor Vehicles Testing and Investigation Unit to schedule a Certified Examiner qualifying interview that will include a written test, a vision test, and a road test. **Do not contact the Motor Vehicles Office until you receive that notice.**

APPLICANT INFORMATION

Driver's Last Name						
First Name			Middle Initial	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address						
City				State	Zip Code	County
ID Number from Driver License	State	License Class	Endorsements	Restrictions		Expiration Date
Daytime Telephone No. ()		E-mail Address				
Certification Class Requested - Check Class of vehicle in which you will be testing. <input type="checkbox"/> Class B <input type="checkbox"/> Class C			Freelance - Occasionally DMV will get requests for the names of Certified Examiners who are available to do independent examiner work. Do you want to be included on such a list? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Current 19-A Carrier Employer						
Federal Employer ID Number (FEIN)				Article 19-A Business ID Number		

EXPERIENCE

I have a minimum of 2 years experience in driver training and the evaluation of the driving ability of others. (Provide information about your employer(s) below. Attach a separate sheet if you need more space to document your experience.)

Employer Name and Address	Dates Employed		Class of License Held
	From:	To:	
1. _____			
2. _____			

AND

I have a minimum of 18 months experience in the last 3 years while employed by a 19-A carrier in the operation of the type of vehicle in which I will be testing. (Provide information about your employer(s) below. Attach a separate sheet if you need more space to document your experience.)

Employer Name and Address	Dates Employed		Class of License Held
	From:	To:	
1. _____			
2. _____			

EDUCATION

In addition to the above experience, you MUST have completed one of the following courses. Check the box that applies to you.

I have successfully completed a college-level course with a minimum of 4 credit hours in driver education instruction. (Attach a copy of your transcript.)

OR

I have successfully completed a DMV-approved course in driver training and traffic safety for 19-A Certified Examiners. (Attach a copy of your course certificate.)

EXCEPTION

You may be able to provide special affidavits if you do not have a minimum of 18 months experience in the last 3 years while employed by a 19-A carrier in the operation of the type of vehicle in which you will be testing. Attach documentation outlining your experience and training and any other special circumstance which might qualify you to become a certified examiner. The Bus Driver Unit will review your information and determine whether it is acceptable.

AFFIRMATION

I hereby make application to test drivers in accordance with the mandates of Article 19-A of the New York State Vehicle and Traffic Law. To the best of my knowledge, the information provided is true and correct. I understand that any false statement I make on this application is punishable as a misdemeanor under Section 392 of the New York State Vehicle and Traffic Law.

Applicant's Signature: _____ Date: _____

CARRIER ENDORSEMENT

I endorse this applicant to be a Certified Examiner for my company.

Current 19-A Employer Name (please print): _____

Current 19-A Employer's Signature: _____ Date: _____

