



**ARTICLE 19-A CERTIFIED EXAMINER  
APPLICATION FOR RENEWAL OR AMENDMENT**

[www.dmv.ny.gov](http://www.dmv.ny.gov)

**CERTIFIED EXAMINER 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<br>(from Driver License) |  |       |      | State                          | Class of Driver License | Endorsements | Restrictions                  | Expiration Date                 |

**INSTRUCTIONS**

Check the box(es) that apply, and complete only the corresponding section(s) on pages 1-3. The examiner must sign the Affirmation section on **page 3**.

- RENEW CERTIFICATE** - You must renew your Commercial Driver License (CDL) before you can renew your certification. Attach an original, official abstract of your driving record if you hold an out-of-state driver license. The abstract must show that you have renewed your CDL.
- REQUEST A DUPLICATE CERTIFICATE** - Provide a reason for your request.
- UPGRADE CERTIFICATION CLASS** - Apply for an upgrade in Certification Class from a C to a B.
- ARTICLE 19-A REFRESHER SEMINAR** - Report completion of an Article 19-A refresher seminar that must be completed at least once every three years. Attach a copy of your completion certificate.
- AMEND PERSONAL INFORMATION** - Amend examiner personal information (such as telephone number or e-mail address).
- EMPLOYER** - Add or drop an employer.
- FREELANCE WORK** - Add or remove your name from DMV's list of examiners who will do independent examiner work.

NOTE: You are required by law to notify DMV within 10 days of any PERMANENT address change. You may print form MV-232 (Change of Address) by going to the DMV web site at [www.dmv.ny.gov](http://www.dmv.ny.gov), or you can obtain one by going to any Motor Vehicles office.

**RENEW CERTIFICATE**

- Yes, I have renewed my CDL and, within the last three years, have completed the required Article 19-A refresher seminar.

**REQUEST A DUPLICATE CERTIFICATE**

- I am requesting a duplicate certificate because:

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**UPGRADE CERTIFICATION CLASS**

- I currently hold a Class C Certificate, and request an upgrade to a Class B. Within the last three years, I have a minimum of eighteen months experience (while employed by an Article 19-A Motor Carrier) in the operation of the type of vehicle in which I will be testing. I have gained this experience while employed by the following:

| Employer Name and Address | Dates Employed |     | Class of Driver License Held |
|---------------------------|----------------|-----|------------------------------|
|                           | From:          | To: |                              |
| 1. _____                  |                |     |                              |
| 2. _____                  |                |     |                              |
| 3. _____                  |                |     |                              |

**Note:** If your request to upgrade Certification Class meets all requirements, you will be notified to contact a DMV Testing & Investigation Unit to schedule vision and road tests.

**ARTICLE 19-A REFRESHER SEMINAR**

A Certified Examiner is required to attend a DMV-approved Article 19-A refresher seminar at least once every three years. You **must** attach a copy of your completion certificate to this form.

- I have successfully completed such course at the following place and time:

| Provider Name and Address | Date of Seminar |
|---------------------------|-----------------|
| _____                     |                 |
| _____                     |                 |

**AMEND PERSONAL INFORMATION**

- The following personal information has changed:

| Daytime Telephone No.<br>( ) | E-mail Address |
|------------------------------|----------------|
| _____                        | _____          |

**Note:** This form cannot be used to change your name. To change your name, you must complete form MV-44 (Application for Driver License or Non-Driver ID Card) and provide appropriate proof to DMV.

**EMPLOYER**

- I have added or dropped the following employer:

| Employer Name and Address | Dates Employed |     | Add                      | Drop                     |
|---------------------------|----------------|-----|--------------------------|--------------------------|
|                           | From:          | To: |                          |                          |
| 1. _____                  |                |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____                  |                |     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____                  |                |     | <input type="checkbox"/> | <input type="checkbox"/> |

To be completed by new employer:

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

Federal Employer ID Number (FEIN) \_\_\_\_\_ 19-A Business ID Number \_\_\_\_\_

Employer's Name (please print): \_\_\_\_\_

Employer's Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**FREELANCE WORK**

- Yes, I want to be added to DMV’s list of Certified Examiners who are available to do independent examiner work.
- No, I no longer want to appear on DMV’s list of Certified Examiners who are available to do independent examiner work.

**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 above information 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 Vehicle and Traffic Law.

Signature of Certified Examiner: \_\_\_\_\_ Date: \_\_\_\_\_



Complete and mail this form with required documents to:

NYS Department of Motor Vehicles  
 Bus Driver Unit  
 6 Empire State Plaza, Room 311  
 Albany NY 12228

| OFFICE USE ONLY   |   |   |
|---|---|---|
| DENIED  | COMPLETE  | DENIED  |
| <input type="checkbox"/> DL criteria for:<br><input type="checkbox"/> Exceed Points<br><input type="checkbox"/> Not in Class/Pass<br><input type="checkbox"/> Susp/Rev/Exp/Surr | <input type="checkbox"/> Signature<br><input type="checkbox"/> Information    | <input type="checkbox"/> 19-A Experience<br><input type="checkbox"/> Refresher<br><input type="checkbox"/> Driver License Not Renewed |
|   | Complete if Required  |   |
|   | <input type="checkbox"/> Certificate<br><input type="checkbox"/> O/S Abstract |   |