



Article 19-A of the New York State Vehicle and Traffic Law (VTL), Section 509-i(4) requires all motor carriers to establish an escrow account which shall be used to pay for the costs incurred by DMV when it informs the motor carrier of a driver's conviction or accident.

INSTRUCTIONS:

1. The carrier must complete all sections on page 1 and page 2 of this form. **Please print clearly.**
2. Review the opening deposit table below to determine the required opening escrow deposit amount.

| Number of drivers to enroll in the 19-A program | Opening Deposit to send to DMV |
|---|--------------------------------|
| 0 to 25 | \$10.00 |
| 26 to 65 | 25.00 |
| 66 to 115 | 40.00 |
| 116 to 225 | 50.00 |
| More than 225 | 70.00 |

3. Make your check or money order payable to "**Commissioner of Motor Vehicles**" (never send cash) and mail it with this completed form to: **NYS Department of Motor Vehicles, Revenue Accounting, 6 Empire State Plaza, Room 233, Albany, NY 12228.**
4. Email or fax a copy of the completed form and check to BusDriverUnit@dmv.ny.gov or (518) 474-0593.

Motor carrier information:

Motor Carrier's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal Employer ID Number (FEIN):

| | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|
| | | | - | | | | | | |
|--|--|--|---|--|--|--|--|--|--|

Location where the motor carrier maintains drivers' records for audit:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ ext. _____ Fax: (optional) () _____ ext. _____

E-Mail: _____

Person responsible for maintaining the 19-A records of the motor carrier's drivers:

Name: _____

Telephone: () _____ ext. _____

Person responsible for billing:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (required) () _____ ext. _____ Fax: (optional) () _____ ext. _____

E-Mail: (required) _____

**FOR
DMV OFFICE
USE**

DMV approval by: (Sign) X _____

Print Name: _____

Title: _____ Date (mm/dd/yyyy): _____

The Federal Driver's Privacy Protection Act (DPPA) (18 USC. Sec. 2721 et seq.) regulates the access, disclosure, and dissemination of personal information contained in motor vehicle records maintained by DMV. DPPA, Section 2721 (b)(14) permits Article 19-A Motor Carriers to gain access to their drivers' records for the sole purpose of complying with state and federal laws governing the carrier's obligation to protect public safety.

By submitting this application to participate in the Accident and Conviction Notification Program, the undersigned Motor Carrier acknowledges and certifies as follows:

1. The Motor Carrier will only request and use information provided by DMV as specifically authorized under federal and NYS laws, where the requested information is related to the operation of the carrier's drivers' motor vehicle records or public safety (DPPA 2721 (b)(14); VTL, Article 19-A - Special requirements for Bus Drivers); the carrier will advise its pertinent personnel of their obligations thereunder, and will ensure that personal information provided by DMV is not accessed, used or disseminated for unauthorized purposes.
2. Information which is provided electronically to the Motor Carrier is also subject to the **New York State Information Security Breach and Notification Act** (ISBNA) (G.B.L. §899-aa; State Technology Law, §208). DMV is required to notify individuals if their records are accessed for unauthorized purposes. The Motor Carrier must report suspected or confirmed violations of the DPPA or ISBNA to the DMV Information Security Office, within one (1) business day of discovering any such violation, by email to InformationSecurity@dmv.ny.gov, or by telephone at (518) 402-2676. The Motor Carrier shall be responsible for all costs associated with providing notices required under the ISBNA.
3. The Motor Carrier must keep, for a period of 5 years, records identifying each person or entity that receives personal information from DMV, and the date, time and purpose for which the information was used and accessed. The Motor Carrier will cooperate with any audit of such records by DMV or the State. The Motor Carrier must make such records available to DMV for audit purposes. If the Motor Carrier does not have an office location in New York State, it must forward to DMV all records requested, at the time, place and location designated by DMV. The Motor Carrier must promptly notify the DMV in writing of any change of its name, or the physical address where the pertinent records will be maintained.
4. The State shall not be responsible for any omissions or errors in the information furnished to the Motor Carrier by DMV.
5. The Motor Carrier shall indemnify, keep and hold harmless the State of New York, its agents, officials and employees from any and all claims for injury or damage to person or property, deaths, losses, damages, suits arising out of the negligent, improper, or unauthorized use or dissemination by the Motor Carrier, its officers, employees or agents of personal information provided by DMV.
6. In the event of any suspected or confirmed breach of the security of personal information provided by DMV, DMV reserves the right and sole discretion to suspend or terminate the Motor Carrier's access to personal information from motor vehicle records maintained by DMV.

WARNING: Making a false statement on this application, or submitting any documentation in support of this application that is false, may be punishable as a criminal offense.

CERTIFICATION

I certify that if I receive or have access to records or information from the DMV, I shall not (i) use such records or information for civil immigration purposes or (ii) disclose such records or information to any agency that primarily enforces immigration law, such as U.S. immigration and customs enforcement and U.S. customs and border protection, or to any employee or agent of any such agency unless such disclosure is pursuant to a cooperative arrangement between city, state and federal agencies which does not enforce immigration law and which disclosure is limited to the specific records or information being sought pursuant to such arrangement. I certify that, in addition to the requirements of 18 USC 2721(c), I shall keep for a period of five years records of all uses and identifying each person or entity that primarily enforces immigration law that received department records or information from such certifying person or entity. I shall maintain the records in a manner and form prescribed by the commissioner, and I shall make them available for inspection upon the commissioner's request.

Carrier's Name: _____,
by its duly authorized representative (Owner/General Partner/duly authorized Corporate Office/LLC Managing Member/School Superintendent)

Representative's Name (Sign) ☒ _____

Print Name: _____

Title: _____ **Date (mm/dd/yyyy):** _____

NOTARY ACKNOWLEDGMENT:

STATE OF NEW YORK)
) ss:
COUNTY OF _____)

On the _____ day of _____, in the year 20 _____, before me personally came _____, to me known who, being by me duly sworn, did depose and say that _____ resides in _____ (county, state); that _____ is the _____ (e.g., president, officer, director, managing member, attorney in-fact) and duly authorized representative of _____, the business entity (principal) described in and which executed the above instrument; and that _____ signed _____'s name thereto on behalf of said business entity (principal), and within the scope of _____'s authority to bind said principal to the terms of the foregoing Agreement.

Notary Public