



Carrier Name	Date
Address (Include Number and Street)	Federal ID Number
City	State
Zip Code	19-A Business ID Number

Section 509-d(a)(5) of the New York State Vehicle and Traffic Law (VTL) requires motor carriers that operate altered motor vehicles commonly called "stretch limousines" to provide the Department of Motor Vehicles with information related to their altered motor vehicle operation. If you are a motor carrier that operates altered motor vehicles, you must complete and return this form in addition to your Annual Affidavit of Compliance and Article 19-A Motor Carrier Annual Statistical Report.

You must complete this form if all three of the following apply:

- You operate vehicles that have been altered to add seating capacity beyond that provided by the original manufacturer by way of an extended chassis, lengthened wheelbase, or any elongated seating area, or trucks that have been modified to transport passengers; **AND**
- The vehicles are now designed to carry nine or more passengers including the driver; **AND**
- The vehicles are operated pursuant to operating authority issued by the Commissioner of Transportation.

List all your altered motor vehicles that meet the requirements shown above. (If you have additional vehicles, use a separate sheet of paper.)

	Make	Model	Plate	Class of Registration	Vehicle Identification Number
1.					
2.					
3.					
4.					
5.					

List all drivers that you employ who operate altered motor vehicles and indicate whether or not that driver is qualified or disqualified. (If you have additional drivers, use a separate sheet of paper.)

	Driver's Name	Qualified	Disqualified
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

In addition, the Department of Motor Vehicles is required by law to maintain a website with information related to altered motor vehicles carriers. To the best of your knowledge and ability, provide answers to the following questions. Do not leave any answers blank.

1. What is your region of operation? Identify all counties in which you operate altered motor vehicles:

2. What is the total number of miles traveled by your altered motor vehicles during the period of January 1 to December 31 of last year? _____

This number should only reflect the number of miles traveled by altered motor vehicles and may be different than the total number of miles that you reported on the Article 19-A Motor Carrier Annual Statistical Report (DS-3.3).

3. What is the total number of convictions and accidents involving any driver employed by you, that occurred while operating an altered motor vehicle during the period of January 1 to December 31 of last year? Convictions: _____ Accidents: _____

These numbers should only reflect the number of convictions and accidents that occurred while operating an altered motor vehicle and may be different than the total number of convictions/accidents that you reported on the Article 19-A Motor Carrier Annual Statistical Report (DS-3.3).

This report must be filed with your Article 19-A Annual Affidavit of Compliance and Statistical Report. Failure to fully complete and file this form will result in the rejection and return of your Annual Affidavit of Compliance.