



ARTICLE 19-A BUS DRIVER APPLICATION

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION

Form with fields for Driver's Last Name, Street Address, License ID Number, etc.

CARRIER INFORMATION

Form with fields for Carrier/DBA Name, Street Address, Name of Article 19-A Contact Person, etc.

ADDITIONAL DRIVER INFORMATION

Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

- 1. Have you qualified as a school bus driver under ARTICLE 19-A?
2. Are you a certified ARTICLE 19-A examiner?

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):

Table with columns: Employer Name and Address, What were the date(s) of your employment?, Your job title

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):

Table with columns: Date of Accident, Location, Was there personal injury or property damage?, What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):

Table with columns: Date of Violation, Location, Date of Conviction, Of what charge were you convicted?, If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver X _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination...

Signature of Employer/Agent X _____ Date _____

