

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							
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 (from Driver License)	State	Class of Driver's License	Endorsements	Restrictions	Expiration Date		

CARRIER INFORMATION							
Carrier/DBA Name	Legal Name (if different)			Federal ID Number	19-A Business ID Number		
Street Address	City	State	Zip Code	County	Telephone Number		
Name of Article 19-A Contact Person				Title	Is this employer/carrier a school bus carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL DRIVER INFORMATION	
<i>Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.</i>	
1. Have you qualified as a school bus driver under ARTICLE 19-A? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", give month and year of qualification _____	
2. Are you a certified ARTICLE 19-A examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", give certificate number _____ and expiration date _____.	

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):		
Employer Name and Address	What were the date(s) of your employment? (From - To)	Your job title

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):			
Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):				
Date of Violation	Location (City, State, Zip Code, County)	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 _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228, (518) 473-9455.

Signature of Employer/Agent _____ Date _____

