



ARTICLE 19-A SCHOOL DISTRICT/OTHER CONTRACT NOTICE

NOTE: This form shall be submitted by a carrier anytime a contract is added, dropped, or modified.

CARRIER INFORMATION

Carrier/DBA Name, Legal Name (if different), Federal ID Number, 19-A Business ID Number, Street Address, City, State, Zip Code

SCHOOL DISTRICT/OTHER CONTRACT INFORMATION

For EACH contract served, provide the following information. If you need more space to report contract information, you may photocopy this page and attach the copies to this form.

Checkboxes for Add, Drop, Modify and institution/client groups served: Academic, Day Care, Mentally Disabled, Vocational, Nursery/Pre-School, Camp, Religious, Physically Disabled, Other (Specify)

Federal I.D. Number of Contract, Contract Name, Contract Period, Mailing Address, City, State, Zip Code, County, Telephone Number, Name of Article 19-A Contact Person, Title of Contact Person

Checkboxes for Add, Drop and institution/client groups served: Academic, Day Care, Mentally Disabled, Vocational, Nursery/Pre-School, Camp, Religious, Physically Disabled, Other (Specify)

Federal I.D. Number of Contract, Contract Name, Contract Period, Mailing Address, City, State, Zip Code, County, Telephone Number, Name of Article 19-A Contact Person, Title of Contact Person

Checkboxes for Add, Drop and institution/client groups served: Academic, Day Care, Mentally Disabled, Vocational, Nursery/Pre-School, Camp, Religious, Physically Disabled, Other (Specify)

Federal I.D. Number of Contract, Contract Name, Contract Period, Mailing Address, City, State, Zip Code, County, Telephone Number, Name of Article 19-A Contact Person, Title of Contact Person

Signature of Carrier Representative X _____

Print Name: _____ Date _____

Send a copy to New York State Department of Motor Vehicles, Bus Driver Unit; keep the original in your files.

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, at (518) 473-9455 or via email at BusDriverUnit@dmv.ny.gov.

