

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.

Add Drop Modify — Check **ALL** appropriate boxes to identify the type of 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 (Include No. and Street)		
City	State	Zip Code
County	Telephone Number (Area Code) ()	
Name of Article 19-A Contact Person	Title of Contact Person	

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Signature of Carrier Representative **X** _____

Print Name: _____ Date _____

Send original to New York State Department of Motor Vehicles, Bus Driver Unit; keep a copy 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, 6 Empire State Plaza, Room 331, Albany, NY 12228, (518) 473-9455.

