



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 form with fields for Carrier/DBA Name, Legal Name, Federal ID Number, 19-A Business ID Number, Street Address, City, State, and 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 institution/client groups served: Add, Drop, Modify. Categories include Academic, Day Care, Mentally Disabled, Vocational, Nursery/Pre-School, Camp, Religious, Physically Disabled, and Other (Specify).

Contract information form with fields for 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, and Title of Contact Person.

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

Contract information form with fields for 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, and Title of Contact Person.

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

Contract information form with fields for 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, and 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.

