

**INSTRUCTIONS TO CERTIFIED EXAMINER**

After administering the exam, and using the answer key provided (form DS-875Z, “Article 19-A Written Examination Answer Sheet”), complete this form and attach it to the driver’s completed examination. Keep all paperwork in the driver’s 19-A file.

<b>TYPE OF EXAMINATION</b>		
<input type="checkbox"/> Oral	<input type="checkbox"/> Written	<input type="checkbox"/> Re-examination

DRIVER INFORMATION							
Driver’s Last Name		First				M.I.	
Date of Birth (Month/Day/Year)	Driver License ID Number	State Licensed	License Class	Endorsements	Restrictions	Expiration Date	
Driver’s Signature							

CARRIER INFORMATION		
Carrier/DBA Name		
Legal Name (if different)	Federal ID Number	19-A Business ID Number

DRIVER EXAMINATION RESULTS		
Number of Questions Correctly Answered		
SECTION A	SECTION B	<input type="checkbox"/> Passed  <input type="checkbox"/> Failed - Driver Disqualified
/ 15	/ 5	

EXAMINER’S CERTIFICATION					
Certified Examiner’s Name				Driver License ID Number	
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date	
<p><b>CERTIFICATION:</b> I certify that I currently hold a valid examiner certification as required in accordance with Article 19-A of the New York State Vehicle and Traffic Law, that I have tested the above driver in compliance with Section 6.12 and/or Section 6.15 of Part 6 of the Commissioner’s Regulations and reported the results to the employer. I acknowledge and understand that knowingly making a false statement in connection with this report or in any proofs or reports in connection with it for the purpose of deceiving or substituting, or causing another person to deceive or substitute, in connection with this examination or report may subject me to criminal prosecution for a misdemeanor or felony under the Vehicle and Traffic Law and/or Penal Law.</p>					
Certified Examiner’s Signature				Date of Examination	
X					

reset/clear

