

# ARTICLE 19-A CARRIER APPLICATION

The carrier must complete this form and mail it to:

New York State Department of Motor Vehicles  
 Bus Driver Unit  
 6 Empire State Plaza, Room 331  
 Albany NY 12228

**CERTIFICATION:** By making this Application, the undersigned certifies under penalty of perjury that s/he is a duly authorized representative of the motor carrier named herein; that this application is made on behalf of, and with the authority to bind, such entity; and that all information provided herein is true and complete. By making this Application, the motor carrier agrees to be compliant with the provisions of Article 19-A **and** the Terms of Use of the Electronic Web Application for the New York State Department of Motor Vehicles 19-A System; and certifies that all individuals responsible for the management, maintenance and operation for the motor carrier have been advised of their obligations thereunder.

**MOTOR CARRIER TYPE** (check one)

**CHECK ALL THAT APPLY**

Non-School Motor Carrier

Governmental (Federal, State, County, Local, Public Authority)

School Motor Carrier

Non-Governmental

Contracted School

Van

Transit

School and Non-School Motor Carrier

Camp

Day Care

Limousine

Ambulette/Paratransit

Religious

Other

Federal Employer ID Number	NYS DOT Number (required if applicable)	US DOT Number (required if applicable)
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Motor Carrier's Legal Name

Motor Carrier's Assumed/DBA Name (If applicable)

Telephone Number (include Area Code) ( ) ext.	Fax Number (include Area Code) ( )	E-mail Address
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Mailing Address

City	State	Zip Code	County
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Physical Address (if different from mailing address)

City	State	Zip Code	County
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**LIAISON/CONTACT INFORMATION**

Name of Liaison for 19-A Online System	Liaison's E-mail Address
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Name of Motor Carrier's Contact Representative for Article 19-A Matters

Title	Telephone Number (include Area Code) ( ) ext.	E-mail Address
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**AUTHORIZED REPRESENTATIVE - MUST be one of the following titles:  
 Business Owner, General Partner, duly authorized Corporate Officer, LLC Managing Member, School Superintendent**

Name	E-mail Address
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Title (Owner/President/Superintendent, etc.)	Telephone Number (include Area Code) ( ) ext.
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Signature <b>X</b>	Date (mm/dd/yyyy) / /
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Any questions regarding this form should be directed to the  
 Bus Driver Unit at (518) 473-9455.

dmv.ny.gov

<b>OFFICE USE ONLY</b> 19-A Business ID Number