NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

ARTICLE 19-A CARRIER APPLICATION

DS-879 (6/15)

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 136B
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)

- ☐ **Non-School Motor Carrier**
- ☐ **School Motor Carrier**
- ☐ **School and Non-School Motor Carrier**

CHECK ALL THAT APPLY

- ☐ **Governmental (Federal, State, County, Local, Public Authority)**
- ☐ **Non-Governmental** ☐ **Contracted School** ☐ **Van** ☐ **Transit**
- ☐ **Camp** ☐ **Day Care** ☐ **Limousine**
- ☐ **Ambulette/Paratransit** ☐ **Religious** ☐ **Other** _____

Federal Employer ID Number	NYS DOT Number (required if applicable)	US DOT Number (required if applicable)

Motor Carrier's Legal Name

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

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

Mailing Address

City	State	Zip Code	County

Physical Address (if different from mailing address)

City	State	Zip Code	County

LIAISON/CONTACT INFORMATION

Name of Liaison for 19-A Online System	Liaison's E-mail Address

Name of Motor Carrier's Contact Representative for Article 19-A Matters

Title	Telephone Number *(include Area Code)*	E-mail Address
	( ) ext.	

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

Title (Owner/President/Superintendent, etc.)	Telephone Number *(include Area Code)*
	( ) ext.

Signature	Date (mm/dd/yyyy)
➧	/ /

Any questions regarding this form should be directed to the Bus Driver Unit at (518) 473-9455.

www.dmv.ny.gov

OFFICE USE ONLY
19-A Business ID Number

reset/clear