NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

# ARTICLE 19-A CARRIER APPLICATION

DS-879 (3/18)

**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)

- ☐ **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) |
|---|---|
| X | /  / |

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

**dmv.ny.gov**

**OFFICE USE ONLY**
19-A Business ID Number

reset/clear