



- Complete **CARRIER INFORMATION**.
- Complete **COLUMN A (ADDS)** for any bus driver who is being rehired or reinstated with your company.
- Complete **COLUMN B (DROPS)** for any bus driver who has left service with your company for any reason, or who is on a leave of absence that will prevent you from keeping that driver's 19-A records up-to-date, or who you have disqualified.

Please type or print the following information:

CARRIER INFORMATION

Carrier/DBA Name		Legal Name (if different)		Federal ID Number		19-A Business ID Number	
Street Address				City		State	Zip Code
Name of Carrier Representative			Signature of Carrier Representative X			Date	

COLUMN A - ADDS				COLUMN B - DROPS			
NOTE: If you are employing a bus driver for the first time, do not use this form; use form DS-870, the Article 19-A Bus Driver Application.				NOTE: If you are dropping a driver you disqualified because the driver failed the 19-A biennial road test, biennial oral/written test, or medical examination, you must check the "YES" box in the DRIVER DISQUALIFIED field, indicate the reason for disqualification, and attach a copy of the failed test or failed medical examination.			
DRIVER'S LAST NAME		FIRST	M.I.	DRIVER'S LAST NAME		FIRST	M.I.
CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED				EFFECTIVE DATE OF DROP			
DRIVER'S LAST NAME		FIRST	M.I.	DRIVER DISQUALIFIED		REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
EFFECTIVE DATE DRIVER REINSTATED							
DRIVER'S LAST NAME		FIRST	M.I.	DRIVER'S LAST NAME		FIRST	M.I.
CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED				EFFECTIVE DATE OF DROP			
DRIVER'S LAST NAME		FIRST	M.I.	DRIVER DISQUALIFIED		REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
EFFECTIVE DATE DRIVER REINSTATED							
DRIVER'S LAST NAME		FIRST	M.I.	DRIVER'S LAST NAME		FIRST	M.I.
CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED				EFFECTIVE DATE OF DROP			
DRIVER'S LAST NAME		FIRST	M.I.	DRIVER DISQUALIFIED		REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)		DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
EFFECTIVE DATE DRIVER REINSTATED							

PLEASE SUBMIT A COMPLETED COPY OF THIS FORM TO: Busdriverunit@dmv.ny.gov or by FAX to (518) 474-0593

You are required to keep the original form DS-885 in your drivers' 19-A files.

THE BUS DRIVER UNIT MUST RECEIVE THIS FORM WITHIN 10 DAYS OF THE EFFECTIVE DATE LISTED ABOVE.

