

New York State Department of Motor Vehicles **ARTICLE 19-A BUS DRIVER APPLICATION**

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORM	ATION											
Driver's Last Name		Fir	st		M.I. Da	ate of Birth (Month/Day/Yea	ar) Soo	cial Security	/ Number		Male Female	
Street Address		City		Sta	ite	Zip Code	County	,		Tele	phone Number	
Client/License ID Number (from Driver License)		Sta		State		Class of Driver's License E	Endorsements		Restrictions	Expiration Date		
CARRIER INFORI	MATION											
Carrier/DBA Name			Legal Name (if different)						O Number	19-A Business ID Number		
Street Address		City		Sta	te	Zip Code Cour		ounty Te			phone Number	
Name of Article 19-A Contact Person									Is this em	ployer/c	arrier a school bus carrier?	
ADDITIONAL DRIVER INFORMATION Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages. 1. Have you qualified as a school bus driver under ARTICLE 19-A? Yes No If "yes", give month and year of qualification 2. Are you a certified ARTICLE 19-A examiner? Yes No If "yes", give certificate number and expiration date												
EMPLOYMENT (Start with your most recent employer history for the past 3 years): Employer Name and Ado			-			What were the date(of your employment (From - To)			Your job title			
	<i>-</i>	and Address			(1.1				rour job and			
ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years): Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured. What ty								ype of vehicle were you driving?				
CONVICTIONS (Start with your most recent conviction, and include all criminal convictions): Location If a vehicle was involved, what												
Date of Violation (City, State, Zip Code, Co			unty) Date of Conviction			on Of what charge were you cor			of vel	hicle v	vere you driving?	
DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.												
USDOT form 649-I with the requirement	FIFICATION: This application or equivalent) and the application of Sections 6.3 and 6.4 setting the requirements of All	olicant of the	is hereby class regulations of the	sified a	is a "c mmiss	th the driver abstronditional driver" a ioner of Motor Vel	as det	nd med fined in Final a	Section 6 approval c	6.2(r) of em	and in accordance ployment is subject	

the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228, (518) 473-9455.

Signature of Employer/Agent 🖾 Date _ www.dmv.ny.gov