



Complete all parts of this form. Please print or type.

If you are not an electronic carrier, email or fax a copy to Bus Driver Unit at BusDriverUnit@dmv.ny.gov or (518) 474-0593.

Keep the original in your driver 19-A file. (Electronic carriers must keep original and 19-A receipt in driver file.)

DRIVER INFORMATION

Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)		Social Security Number	
Street Address		City	State	Zip Code	County	Telephone Number	
License ID Number (from Driver License)			State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

CARRIER INFORMATION

Carrier/DBA Name		Legal Name (if different)			Federal ID Number	19-A Business ID Number
Street Address		City	State	Zip Code	County	Telephone Number
Name of Article 19-A Contact Person			Title			Will this driver be a school bus driver per section 6.2(b) of the regulations of the Commissioner of Motor Vehicles? ☐ Yes ☐ No

Driver must complete the following sections.

If nothing to report, enter "Not Applicable" in the following sections. Do not leave any blanks.

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):

Employer Name and Address	What were the date(s) of your employment? (From - To)	Your job title

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):

Date of Accident	Location (City, State, Zip Code, County)	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 type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):

Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver X _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to the Bus Driver Unit. By phone: (518) 473-9455; by email: busdriverunit@dmv.ny.gov.

Signature of Employer/Agent X _____ Date _____

