



NOTE: This form may be used to meet the reporting requirements of Section 6.21 of the Commissioner's Rules and Regulations.

MISDEMEANOR/FELONY CONVICTIONS OR LICENSE REVOCATIONS, SUSPENSIONS, OR WITHDRAWALS

If a driver's license, permit or privilege to operate a motor vehicle has been revoked, suspended or withdrawn, or if a driver is convicted of a misdemeanor felony in any state or foreign jurisdiction, the driver's employer(s) must be notified by the driver. The employer(s) must be notified before close of business on the day after the day the driver received notice of such revocation, suspension, withdrawal, or conviction.

If the driver does not comply with the employer notification requirements, the driver shall be subject to a five (5) working day suspension, or a suspension equivalent to the number of working days such driver was not in compliance with Part 6, whichever is longer.

ACCIDENT OR TRAFFIC INFRACTION CONVICTIONS

If a driver is involved in an accident as defined in Section 6.2 of the Commissioner's Rules and Regulations, or is convicted of a traffic infraction in any state or foreign jurisdiction, the driver's employer(s) must be notified by the driver within five (5) working days from the date of the accident or conviction.

If the driver does not comply with the employer notification requirements, the driver shall be subject to a five (5) working day suspension. Working day, for the purposes of this section, shall mean any day in which a bus driver is scheduled to work, excluding regularly assigned days off.

Under the provisions of Article 19-A of the NYS Vehicle & Traffic Law (§509-i)

I HEREBY NOTIFY MY EMPLOYER OF THE FOLLOWING INFORMATION:

Driver's Name: _____
(Last) (First) (M.I.)

Driver's Address: _____
(Street) (City) (State) (Zip Code)

Client/License ID Number (from Driver License) _____ State: _____

Date of: ☐ Misdemeanor/Felony _____
☐ License Revocation, Suspension, Withdrawal _____
☐ Accident _____
☐ Traffic Infraction _____

Date of Conviction (if applicable):
☐ Misdemeanor/Felony _____ ☐ Traffic Infraction _____

Vehicle Operated: (check one) ☐ CMV ☐ Non-CMV

Location of Misdemeanor, Felony, Accident or Traffic Infraction (City/Town/County/State): _____

Description of Misdemeanor, Felony, Accident or Traffic Infraction: _____

Driver's Signature: **X** _____ Date: _____

Received by: _____ Date: _____
(Signature of Carrier Representative)

(Print Name)