



**INSTRUCTIONS TO CERTIFIED EXAMINER:**

- Regular observation of a driver's defensive driving performance must be conducted while the driver is operating the vehicle with passengers.
- **This observation shall NOT be conducted on the same day as the biennial behind-the-wheel road test.**
- Observation may be conducted either inside or outside of the bus that the driver is operating.
- Discuss performance with driver, and complete the Observation, Driver Acknowledgement, and Examiner's Certification sections below.

**SECTION 1 - DRIVER INFORMATION**

Driver's Last Name		First	M.I.			
Date of Birth (Month/Day/Year)	Driver License ID Number	State Licensed	License Class	Endorsements	Restrictions	Expiration Date

**SECTION 2 - CARRIER INFORMATION**

Carrier/DBA Name		
Legal Name (if different)	Federal ID Number	19-A Business ID Number

**SECTION 3 - VEHICLE INFORMATION**

Type of Vehicle	Adult Seating Capacity	GVWR	Vehicle Plate Number	State
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**SECTION 4 - OBSERVATION** Observation Conducted:  Inside  Outside

	SATISFACTORY	UNSATISFACTORY		SATISFACTORY	UNSATISFACTORY
1. Observation .....	<input type="checkbox"/>	<input type="checkbox"/>	6. Vehicle Control .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Traffic Lane Use (include center line violation) ..	<input type="checkbox"/>	<input type="checkbox"/>	7. Obeys Traffic Signs, Signals and Road Hazard Signs..	<input type="checkbox"/>	<input type="checkbox"/>
3. Speed.....	<input type="checkbox"/>	<input type="checkbox"/>	8. Observes Proper Following Distance .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Properly Signals Intention .....	<input type="checkbox"/>	<input type="checkbox"/>	9. Procedures for Receiving and Discharging Passengers..	<input type="checkbox"/>	<input type="checkbox"/>
5. Turning .....	<input type="checkbox"/>	<input type="checkbox"/>	10. Traffic Interaction .....	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (required if Unsatisfactory is checked above)

**SECTION 5 - DRIVER ACKNOWLEDGEMENT**

I acknowledge discussion of my defensive driving performance with the examiner who observed and rated my performance.

X

(Driver's Signature)

(Date)

**SECTION 6 - EXAMINER'S CERTIFICATION**

Certified Examiner's Name		Driver License ID Number		
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date

**CERTIFICATION:** I certify that the above report is, to the best of my knowledge, true and correct, that I personally observed the above driver's defensive driving performance, that I currently hold a valid examiner certification as required in accordance with Article 19-A of the New York State Vehicle and Traffic Law, and that I hold the appropriate class driver's license with the proper endorsements. I acknowledge and understand that knowingly making a false statement in connection with this report or in any proofs or reports in connection with it for the purpose of deceiving or substituting, or causing another person to deceive or substitute, in connection with this examination or report may subject me to criminal prosecution for a misdemeanor or felony under the Vehicle and Traffic Law and/or Penal Law.

Certified Examiner's Signature		Date of Observation
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