



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 INFORMATION

Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)		Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City	State	Zip Code		County		Telephone Number	
Client/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	
Belleville Henderson CSD					161225389		20239	
Street Address		City	State	Zip Code	County		Telephone Number	
8372 County Route 75		Adams	NY	13605	Jefferson		315-846-5826	
Name of Article 19-A Contact Person				Title		Is this employer/carrier a school bus carrier?		
Jane Collins				Superintendent		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 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  _____ 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: 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 _____

