



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

DS-870 (6/11)

(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
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
Street Address City State Zip Code County Telephone Number
Name of Article 19-A Contact Person Title Is this employer/carrier 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?
2. Are you a certified ARTICLE 19-A examiner?

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

