



CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S DRIVING RECORD UNDER ARTICLE 19-A

DRIVER INFORMATION

Form with fields for Driver's Last Name, First, M.I., Date of Birth, Street Address, City, State, Zip Code, Client/License ID Number, State, Class of Driver's License, Endorsements, Restrictions, Expiration Date.

CARRIER INFORMATION

Form with fields for Carrier/DBA Name, Legal Name, Federal ID Number, 19-A Business ID Number, Street Address, City, State, Zip Code.

Were you involved in ANY motor vehicle accident(s) during the past 12 months? YES NO If YES, complete Accident Information section below:

ACCIDENT INFORMATION (if additional space is needed, use the back of this form)

Table with 5 columns: Date of Accident, Location, Briefly describe property damage, Number of People Injured, Were there any fatalities? YES or NO.

Were you convicted of ANY traffic violation(s) (other than parking) or any crime(s) during the past 12 months? YES NO If YES, complete Record of Convictions section below:

RECORD OF CONVICTIONS (if additional space is needed, use the back of this form)

Table with 5 columns: Date of Violation, Date of Conviction, Of What Charge Were You Convicted?, Type of Motor Vehicle Operated, Court Location.

DRIVER CERTIFICATION

I certify that the information above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months, and accidents I was involved in during the past 12 months.

(Driver Signature) (Date)

CARRIER CERTIFICATION

I have compared the information given by the driver with the attached driver's abstract of operating record. I have ensured that all accident and conviction details not appearing on the driver's abstract are listed on this form. I HAVE ATTACHED THE DRIVER'S ABSTRACT(S), WHICH MUST BE DATED WITHIN 30 DAYS PRIOR TO THE DATE OF THIS INTERVIEW.

I interviewed this employee and certify that this driver meets the standards for safe driving, has been instructed in, and is in compliance with, the provisions of Article 19-A, and is qualified to drive a bus.

(Print Name of Carrier Representative) (Title)

(Authorized Signature of Carrier Representative) (Date of Interview)