



New York State Department of Motor Vehicles
**REPORT ON ANNUAL DEFENSIVE DRIVING
 PERFORMANCE FOR DRIVER UNDER ARTICLE 19-A**
 www.nysdmv.com

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.**
- Discuss performance with driver, complete rating, driver acknowledgement, and examiner certification.

SECTION 1 - DRIVER INFORMATION					
Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	
Street Address		City		State	Zip Code
Client/License ID Number (from Driver License)	State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

SECTION 2 - CARRIER INFORMATION					
Carrier/DBA Name		Legal Name (if different)		Federal ID Number	19-A Business ID Number
Street Address		City		State	Zip Code

SECTION 3 - VEHICLE INFORMATION				
Type of Vehicle	Adult Seating Capacity	GVWR	Vehicle Plate Number	State

SECTION 4 - OBSERVATION (may be conducted inside or outside the vehicle) Observation Conducted: <input type="checkbox"/> Inside <input type="checkbox"/> Outside					
	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
1. Observation	<input type="checkbox"/>	<input type="checkbox"/>	7. Obeys Traffic Signs, Signals and Road Hazard Signs	<input type="checkbox"/>	<input type="checkbox"/>
2. Traffic Lane Use (include center line violation)	<input type="checkbox"/>	<input type="checkbox"/>	8. Observes Proper Following Distance..	<input type="checkbox"/>	<input type="checkbox"/>
3. Speed	<input type="checkbox"/>	<input type="checkbox"/>	9. Procedures for Receiving and Discharging Passengers	<input type="checkbox"/>	<input type="checkbox"/>
4. Properly Signals Intention	<input type="checkbox"/>	<input type="checkbox"/>	10. Traffic Interaction	<input type="checkbox"/>	<input type="checkbox"/>
5. Turning	<input type="checkbox"/>	<input type="checkbox"/>			
6. Vehicle Control	<input type="checkbox"/>	<input type="checkbox"/>			
Comments: (required if Unsatisfactory checked above) _____					

SECTION 5 - DRIVER ACKNOWLEDGEMENT	
I acknowledge discussion of my defensive driving performance with the examiner who observed and rated my performance.	
_____	_____
(Driver Signature)	(Date)

SECTION 6 - EXAMINER'S CERTIFICATION				
Certified Examiner's Name			Client/License ID Number (from Driver License)	
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date
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, and 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.			Certified Examiner's Signature	

Date of Observation

