



ARTICLE 19-A BIENNIAL BEHIND THE WHEEL ROAD TEST

www.nysdmv.com

INSTRUCTIONS TO CERTIFIED EXAMINER

- This test shall not be conducted on the same day as the annual defensive driving performance observation. The test should be taken without passengers in the vehicle.
- If the driver fails the test, he/she is disqualified from driving under Article 19-A. He/she may make a request to the carrier for a reexamination.
- Examiner will circle the point value of those items not properly performed. Driver is disqualified if 40 or more points are circled or, if a DISQUALIFICATION (DQ) item is circled, or if any two 10-point items are circled.

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					
Driver Signature					

CARRIER INFORMATION

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

VEHICLE INFORMATION

Type of Vehicle	Adult Seating Capacity	GVWR	Vehicle Plate Number	State
-----------------	------------------------	------	----------------------	-------

Item	Point Value	Item	Point Value
1. PRE-TRIP TEST		EN-ROUTE (Continued)	
A. Failed to check wheels, tires	5	J. Failed to use proper speed - impedes traffic	5
B. Failed to check validation of required vehicle stickers	5	K. Failed to use proper steering control	5
C. Failed to check lights	5	L. Failed to use proper braking	5
D. Failed to check windshield, wipers, horn, and steering	5	M. Failed to use proper acceleration	5
E. Failed to check emergency equipment: fire extinguisher, and emergency reflectors	5	N. Failed to use proper speed for conditions	DQ
F. Failed to check seats and restraints when equipped.	5	O. Failed to anticipate and/or identify hazards	5
G. Failed to check passenger entry and emergency exits	5	P. Failed to yield right-of-way	DQ
H. Failed to check all gauges, heater, and defroster	5	Q. Failed to use proper lane/s	10
I. Failed to check all mirrors and adjust as needed	5	R. Failed to properly use transmission	5
J. Failed to perform static brake check	5	S. Failed to observe traffic control devices	DQ
K. Failed to properly use seat belt	5	4. PARKING AND BACKING	
L. Failed to perform 50 ft. brake test	10	A. Failed to leave the vehicle to check rear before backing (no observer)	10
2. DEPARTING		B. Failed to observe (backing)	DQ
A. Failed to signal	5	C. Unable to park	DQ
B. Failed to observe	10	D. Failed to properly position the vehicle	5
C. Failed to use caution	10	E. Stopped too far away from, or hit, curb	5
3. EN-ROUTE		F. Excessive maneuvers in parking	5
A. Failed to properly signal	5	5. SIMULATED PROCEDURES FOR RECEIVING/ DISCHARGING PASSENGERS	
B. Failed to observe	10	A. Failed to use caution at approaching/departing, receiving/discharging points	DQ
C. Failed to demonstrate proper judgment approaching/at intersection; speed, turning, stopping, observing, etc.	10	B. Failed to properly activate warning lights/devices (where applicable)	DQ
D. Failed to make proper lane changes; signals _____, observes _____, procedure _____	5	C. Lacked knowledge of proper crossing procedures as required by NYS Education Department (where applicable)	DQ
E. Failed to regularly check mirrors while driving	5	D. Failed to observe pedestrians/passengers or other hazards at receiving and discharge points	DQ
F. Failed to stop properly at RR crossing	DQ		
G. Failed to use proper clutch/engine control	5		
H. Failed to use proper judgment in traffic	10		
I. Failed to demonstrate proper following distance	DQ		

EXAMINER'S CERTIFICATION

SCORING: Total Points Circled Above _____	Disqualification (DQ) Circled Above _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS: <input type="checkbox"/> QUALIFIED
	Two 10-point items Circled Above _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DISQUALIFIED

CERTIFIED EXAMINER'S COMMENTS: (write or type on reverse side)

Certified Examiner's Name			Client/License ID Number (from Driver License)		
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date	
Certified Examiner's Signature			Date of Test		