

**ARTICLE 19-A ORAL/WRITTEN EXAMINATION RESULTS****INSTRUCTIONS TO CERTIFIED EXAMINER**

After administering the exam, and using the answer key provided (Form DS-875Z, "Article 19-A Written Examination Answer Sheet"), complete this form and attach it to the driver's completed examination.

TYPE OF EXAMINATION

Oral Written Re-examination

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

DRIVER EXAMINATION RESULTS

<input type="checkbox"/> Passed	<input type="checkbox"/> Failed - Driver Disqualified
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EXAMINER'S CERTIFICATION

I certify that I have tested the above driver in compliance with Section 6.12 and/or Section 6.15 of Part 6 of the Commissioner's Regulations. The employer has been notified of the results.

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 Examination	