



**APPLICATION FOR ARTICLE 19-A CERTIFIED EXAMINER**

www.nysdmv.com

**INSTRUCTIONS**

Complete both pages of this form (DS-876) and both pages of form DS-876A (Article 19-A Certified Examiner Affidavit of Training and Evaluation Experience) and send them to DMV at the address provided on page 2 of this form. You must also include a copy of your educational course certificate or transcript (see the "Education" section below). PLEASE PRINT CLEARLY.

A Certified Examiner must attend a DMV-approved Article 19-A refresher seminar at least once every three years. You must attach a course completion certificate only if you had prior certification that was terminated because you did not attend a refresher seminar.

You are required by law to notify DMV within 10 days of any PERMANENT address change. You may print form MV-232 (Change of Address) by going to the DMV web site at **www.nysdmv.com**, or you can obtain one by going to any Motor Vehicles office.

If your driver license is not from New York State, you must attach a recent certified driver license abstract from the state that issued your license.

**APPLICANT INFORMATION**

Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)		Social Security Number*		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			City	State	Zip Code	County	Telephone Number ( )	
Client/License ID Number (from Driver License)			State	Class of Driver License	Endorsements	Restrictions	Expiration Date	
Daytime Telephone No. ( )			E-mail Address					
<b>Certification Class Requested</b> - Check Class of vehicle in which you will be testing. <input type="checkbox"/> Class B <input type="checkbox"/> Class C				<b>Freelance</b> - Occasionally DMV will get requests for the names of Certified Examiners who are available to do independent examiner work. Do you want to be included on such a list? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Current Employer				Federal Employer ID Number (FEIN)		Article 19-A Business ID Number		
<b>*NOTE:</b> Section 5 of the NYS Tax Law requires the Department of Motor Vehicles to provide Social Security numbers to the NYS Department of Taxation and Finance upon request.								

**EDUCATION**

You must have completed one of the types of courses identified in A or B below. Check the box that applies to you (A or B), and fill in the related course information.

- (A) I have successfully completed a **college-level course** with a minimum of four credit hours in driver education instruction. The course was completed as follows:

Name and Address of College	Number of Credits Earned	Date Course Completed	Course Title

- (B) I have successfully completed a **DMV-approved course** in driver training and traffic safety for 19-A Certified Examiners. The course was completed as follows:

Name and Address of Course Provider	Total Course Hours	Date Course Completed	Course Title



**EXPERIENCE**

You must have the experience identified in both sections A **and** B below. Confirm by checking the boxes and providing the requested information. If you need more space, please attach additional pages.

- (A) Within the last three years, I have a minimum of eighteen months experience (while in the employ of an Article 19-A Motor Carrier) in the operation of the type of vehicle in which I will be testing. I have been employed during the last three years with the following employers:

Employer Name and Address	Dates Employed		Class of License Held
	From:	To:	
1. _____			
2. _____			
3. _____			

**AND**

- (B) I have a minimum of two years experience in driver training and in evaluating the driving ability of others. I have worked as a driver trainer and evaluator for each employer named below. I have attached form DS-876A (Article 19-A Certified Examiner Affidavit of Training and Evaluation Experience) for each employer.

Employer Name and Address	Dates Employed		Class of License Held
	From:	To:	
1. _____			
2. _____			
3. _____			

I have trained and evaluated the following five individuals while I was employed by the employer(s) listed in this section.

Trainee Name	Dates Trained/Evaluated		Employer
	From:	To:	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

I hereby make application to test drivers in accordance with the mandates of Article 19-A of the New York State Vehicle and Traffic Law. To the best of my knowledge, the above information is true and correct. I understand that any false statement I make on this application is punishable as a misdemeanor under Section 392 of the New York State Vehicle and Traffic Law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I endorse this applicant to be a Certified Examiner for my company.

Current Employer Name (please print): \_\_\_\_\_

Current Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If your application meets initial qualification standards, you will be notified to contact your local Motor Vehicles office to schedule your interview and your written, vision and road tests.

Complete this form and form DS-876A (Article 19-A Certified Examiner Affidavit of Training and Evaluation Experience) and mail the originals (photocopies are not acceptable) to:

NYS Department of Motor Vehicles  
 Bus Driver Unit  
 6 Empire State Plaza, Room 220C  
 Albany NY 12228

OFFICE USE ONLY			
INFO	DENIED	COMPLETE	DENIED
<input type="checkbox"/> Terminated, Needs Refresher	<input type="checkbox"/> DL criteria for: <input type="checkbox"/> Exceed Points <input type="checkbox"/> Not in Class/Pass <input type="checkbox"/> Susp/Rev/Exp/Surr	<input type="checkbox"/> Signature <input type="checkbox"/> Information <input type="checkbox"/> DS-876A <input type="checkbox"/> Cert or Trans.  Complete if Required <input type="checkbox"/> Refresher Course <input type="checkbox"/> O/S Abstract	<input type="checkbox"/> Course <input type="checkbox"/> Refresher <input type="checkbox"/> Train/Eval Exp <input type="checkbox"/> 19-A Experience
<input type="checkbox"/> Record Exists			
<input type="checkbox"/> O/S Licensee			