

EMPLOYER INFORMATION

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

AFFIDAVIT - (To be completed by Employer)

I, _____, as the employer of _____,
 (Employer/Supervisor) (Name of Applicant)

certify that he/she is/was employed by _____
 (Employer Name)

as a _____ from _____ to _____
 (Type of Job) (MM/DD/YYYY) (MM/DD/YYYY)

and was a full-time Class _____ operator, and that he/she worked as a driver trainer and evaluator of the driving ability
 (Class of license)

of other Class _____ drivers, including those trainees listed on page one of this form for _____ years.
 (Class of license)

To the best of my knowledge, the above information is true and correct. I understand that any false statement I make on this affidavit is punishable as a misdemeanor under Section 392 of the Vehicle and Traffic Law.

➡ _____ (Signature of Employer/Supervisor) _____ (Date)

➡ _____ (Signature of Applicant) _____ (Date)

Sworn to before me on _____, _____ (Year)

 (Notary Public Signature)

Notary Commission Number _____ State _____

Commission Expires on _____ County _____