



**ARTICLE 19-A CERTIFIED EXAMINER
APPLICATION FOR RENEWAL OR AMENDMENT**

www.nysdmv.com

CERTIFIED EXAMINER 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	

INSTRUCTIONS

Check the box(es) that apply, and complete only the corresponding section(s) on pages 1-3. The examiner must sign the Affirmation section on **page 3**.

- RENEW CERTIFICATE** - You must renew your Commercial Driver License (CDL) before you can renew your certification. Attach an original, official abstract of your driving record if you hold an out-of-state driver license. The abstract must show that you have renewed your CDL.
- REQUEST A DUPLICATE CERTIFICATE** - Provide a reason for your request.
- UPGRADE CERTIFICATION CLASS** - Apply for an upgrade in Certification Class from a C to a B.
- ARTICLE 19-A REFRESHER SEMINAR** - Report completion of an Article 19-A refresher seminar that must be completed at least once every three years. Attach a copy of your completion certificate.
- AMEND PERSONAL INFORMATION** - Amend examiner personal information (such as telephone number or e-mail address).
- EMPLOYER** - Add or drop an employer.
- FREELANCE WORK** - Add or remove your name from DMV's list of examiners who will do independent examiner work.

NOTE: 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.

RENEW CERTIFICATE

- Yes, I have renewed my CDL and, within the last three years, have completed the required Article 19-A refresher seminar.

REQUEST A DUPLICATE CERTIFICATE

- I am requesting a duplicate certificate because:

UPGRADE CERTIFICATION CLASS

- I currently hold a Class C Certificate, and request an upgrade to a Class B. Within the last three years, I have a minimum of eighteen months experience (while employed by an Article 19-A Motor Carrier) in the operation of the type of vehicle in which I will be testing. I have gained this experience while employed by the following:

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

Note: If your request to upgrade Certification Class meets all requirements, you will be notified to contact a DMV Testing & Investigation Unit to schedule vision and road tests.

ARTICLE 19-A REFRESHER SEMINAR

A Certified Examiner is required to attend a DMV-approved Article 19-A refresher seminar at least once every three years. You **must** attach a copy of your completion certificate to this form.

- I have successfully completed such course at the following place and time:

Provider Name and Address	Date of Seminar

AMEND PERSONAL INFORMATION

- The following personal information has changed:

Daytime Telephone No. ()	E-mail Address
_____	_____

Note: This form cannot be used to change your name. To change your name, you must complete form MV-44 (Application for Driver License or Non-Driver ID Card) and provide appropriate proof to DMV.

EMPLOYER

- I have added or dropped the following employer:

Employer Name and Address	Dates Employed		Add	Drop
	From:	To:		
1. _____			<input type="checkbox"/>	<input type="checkbox"/>
2. _____			<input type="checkbox"/>	<input type="checkbox"/>
3. _____			<input type="checkbox"/>	<input type="checkbox"/>

To be completed by new employer:

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

Federal Employer ID Number (FEIN) _____ 19-A Business ID Number _____

Employer's Name (please print): _____

Employer's Signature:  _____ Date: _____

FREELANCE WORK

- Yes, I want to be added to DMV’s list of Certified Examiners who are available to do independent examiner work.
- No, I no longer want to appear on DMV’s list of Certified Examiners who are available to do independent examiner work.

AFFIRMATION

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 Vehicle and Traffic Law.

Signature of Certified Examiner: _____ Date: _____



Complete and mail this form with required documents to:

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

OFFICE USE ONLY		
DENIED	COMPLETE	DENIED
<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"/> 19-A Experience <input type="checkbox"/> Refresher <input type="checkbox"/> Driver License Not Renewed
	Complete if Required	
	<input type="checkbox"/> Certificate <input type="checkbox"/> O/S Abstract	