



**ARTICLE 19-A BUS DRIVER ADD/DROP NOTICE**

- Complete **CARRIER INFORMATION**.
- Complete **COLUMN A (ADDS)** for any bus driver who is being rehired or reinstated with your company.
- Complete **COLUMN B (DROPS)** for any bus driver who has left service with your company for any reason, or who is on a leave of absence that will prevent you from keeping that driver's 19-A records up-to-date, or who you have disqualified.

Please type or print the following information:

**CARRIER INFORMATION**

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

COLUMN A - ADDS			COLUMN B - DROPS		
<b>NOTE:</b> If you are employing a bus driver for the first time, do not use this form; use form DS-870, the Article 19-A Bus Driver Application.			<b>NOTE:</b> If you are dropping a driver you disqualified because the driver failed the 19-A biennial road test, biennial oral/written test, or medical examination, you must check the "YES" box in the DRIVER DISQUALIFIED field, indicate the reason for disqualification, and attach a copy of the failed test or failed medical examination.		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER'S LAST NAME	FIRST	M.I.
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED			EFFECTIVE DATE OF DROP		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER DISQUALIFIED	REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES		
EFFECTIVE DATE DRIVER REINSTATED			<input type="checkbox"/> NO		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER'S LAST NAME	FIRST	M.I.
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED			EFFECTIVE DATE OF DROP		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER DISQUALIFIED	REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES		
EFFECTIVE DATE DRIVER REINSTATED			<input type="checkbox"/> NO		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER'S LAST NAME	FIRST	M.I.
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE
EFFECTIVE DATE DRIVER REINSTATED			EFFECTIVE DATE OF DROP		
DRIVER'S LAST NAME	FIRST	M.I.	DRIVER DISQUALIFIED	REASON FOR DISQUALIFICATION	
CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE	<input type="checkbox"/> YES		
EFFECTIVE DATE DRIVER REINSTATED			<input type="checkbox"/> NO		

PLEASE SUBMIT THE ORIGINAL COMPLETED COPY OF THIS FORM TO: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany, New York 12228. In addition, you are required to keep a copy of completed form DS-885 in your drivers' 19-A files. **THE BUS DRIVER UNIT MUST RECEIVE THIS FORM WITHIN**

**10 DAYS OF THE EFFECTIVE DATE LISTED ABOVE.**

