



**ARTICLE 19-A CARRIER APPLICATION**

**INSTRUCTIONS TO CARRIER**

This form should be completed and mailed to:  
New York State Department of Motor Vehicles  
Bus Driver Unit  
6 Empire State Plaza, Room 220C  
Albany NY 12228

*Please type or print the following information:*

19-A Business ID Number		Federal Employer ID Number	
Carrier/DBA Name			
Carrier Legal Name (if applicable)			
Telephone Number (Area Code) (      )	Fax Number (Area Code) (      )	E-mail Address	
Mailing Address			
City	State	Zip Code	County
Physical Address (if different from mailing address)			
City	State	Zip Code	County
NYS DOT Number (if applicable)		US DOT Number (if applicable)	

Name of Carrier Contact Person for Article 19-A Matters		
Title	Telephone Number (Area Code) (      )	E-mail Address
If the Carrier Contact Person named above is not one of the following, then please check the appropriate box for your business and provide the information below for this additional contact:  <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> School Superintendent		
Name		
Telephone Number (Area Code) (      )	E-mail Address	

Signature of Carrier Representative \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Any questions regarding this form should be directed to the Bus Driver Unit at (518) 473-9455**

