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
NOTE: 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.	**NOTE:** 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.

COLUMN A - ADDS

DRIVER'S LAST NAME — FIRST — M.I.

CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE

EFFECTIVE DATE DRIVER REINSTATED

DRIVER'S LAST NAME — FIRST — M.I.

CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE

EFFECTIVE DATE DRIVER REINSTATED

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DRIVER'S LAST NAME — FIRST — M.I.

CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE

EFFECTIVE DATE DRIVER REINSTATED

COLUMN B - DROPS

DRIVER'S LAST NAME — FIRST — M.I.

CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE

EFFECTIVE DATE OF DROP

DRIVER DISQUALIFIED ☐ YES ☐ NO	REASON FOR DISQUALIFICATION

DRIVER'S LAST NAME — FIRST — M.I.

CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE

EFFECTIVE DATE OF DROP

DRIVER DISQUALIFIED ☐ YES ☐ NO	REASON FOR DISQUALIFICATION

DRIVER'S LAST NAME — FIRST — M.I.

CLIENT ID NUMBER (from driver license)	DATE OF BIRTH	STATE OF LICENSE

EFFECTIVE DATE OF DROP

DRIVER DISQUALIFIED ☐ YES ☐ NO	REASON FOR DISQUALIFICATION

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 136B, 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.**