



**ARTICLE 19-A CERTIFIED EXAMINER
AFFIDAVIT OF TRAINING AND EVALUATION EXPERIENCE**

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REQUIREMENTS: Complete and attach this form to form DS-876 (Application for Article 19-A Certified Examiner). PLEASE PRINT CLEARLY.

NOTE: A Certified Examiner must have at least two years of experience in driver training and in evaluating the driving ability of others.

- This form is used to provide information about the trainees listed in the Experience section of form DS-876 (Application for Article 19-A Certified Examiner), and is an affidavit by the employer that the applicant has met the experience requirement while employed by such employer.
- A separate affidavit must be provided by each employer identified in the Experience section of form DS-876. The trainees listed in the Trainees section below must have worked for the employer signing the affidavit on page 2 of this form.

The **APPLICANT** completes page 1 and signs pages 1 and 2 of this form. Page 2 must be notarized. The trainees listed in the Trainees section below must include only the trainees noted in the Experience section of form DS-876.

The **EMPLOYER** verifies that the applicant trained and evaluated the trainees noted in the Trainees section of this form by completing the affidavit on page 2. The **EMPLOYER** must complete, sign and have this section notarized.

APPLICANT INFORMATION

Driver's Last Name		First		M.I.	Date of Birth (Month/Day/Year)		
Street Address				City		State	Zip Code
Client/License ID Number (from Driver License)		State	Class of Driver's License	Endorsements	Restrictions	Expiration Date	

TRAINEES

Trainee Name		Telephone Number ()
Trainee Address		
Trainee Name		Telephone Number ()
Trainee Address		
Trainee Name		Telephone Number ()
Trainee Address		
Trainee Name		Telephone Number ()
Trainee Address		
Trainee Name		Telephone Number ()
Trainee Address		

I have trained and evaluated the driving ability of the individual(s) named above as part of my job duties while employed by an Article 19-A Motor Carrier. The training and evaluation that I conducted consisted of actual on-the-road situations in which I observed each driver's defensive driving skills and ability to safely and properly operate the vehicle. To the best of my knowledge, the above information is true and correct. I understand that any false statement I make on this form is a misdemeanor under Section 392 of the Vehicle and Traffic Law.



(Signature of Applicant)

(Date)

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 _____