



**ARTICLE 19-A REQUEST FOR NYS CLIENT ID NUMBER**

**INSTRUCTIONS**

A school bus driver applicant who holds an out-of-state commercial driver license (CDL) cannot be scheduled for fingerprinting until s/he has a NYS Client ID (CID) number and any bus driver applicant cannot be electronically added to the 19-A system without a CID number. A carrier may request a CID number for a bus driver applicant who has an out-of-state CDL by completing this form and mailing or faxing it to:

NYS Department of Motor Vehicles  
Bus Driver Unit  
Room 220C  
6 Empire State Plaza  
Albany NY 12228  
Phone: (518) 473-9455  
Fax: (518) 474-0593

The CID number that DMV assigns to the applicant will be mailed or faxed to the carrier.

**CARRIER INFORMATION**

|                                     |  |       |          |                   |       |                             |
|-------------------------------------|--|-------|----------|-------------------|-------|-----------------------------|
| Carrier/DBA Name                    |  |       |          |                   |       |                             |
| Legal Name (if different)           |  |       |          | Federal ID Number |       | 19-A Business ID Number     |
| Street Address                      |  |       |          |                   |       |                             |
| City                                |  | State | Zip Code | County            |       | Telephone Number<br>(     ) |
|                                     |  |       |          |                   |       | Fax Number<br>(     )       |
| Name of Article 19-A Contact Person |  |       |          |                   | Title |                             |

**DRIVER INFORMATION**

|   |  |   |       |  |   |               |
|---|--|---|-------|--|---|---------------|
| Driver's Last Name                        |  |   | First |  |   | M.I.          |
| Date of Birth (Month/Day/Year)<br>/     / |  | Social Security Number<br>-     -       |       | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |   |               |
| Street Address                            |  |   |       |  |   |               |
| City                                      |  |   | State | Zip Code   | County                                      |               |
| Telephone Number<br>(     )               |  | License ID Number (from Driver License) |       |  | Licensing State                             | License Class |
| Endorsements                              |  | Restrictions                            |       |  | Expiration Date (Month/Day/Year)<br>/     / |               |

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <b>FOR DMV USE</b> The NYS CID number assigned to this applicant is:  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |

