



- 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 X	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.
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 <input type="checkbox"/> NO
EFFECTIVE DATE DRIVER REINSTATED	
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 <input type="checkbox"/> NO
EFFECTIVE DATE DRIVER REINSTATED	
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 <input type="checkbox"/> NO
EFFECTIVE DATE DRIVER REINSTATED	

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.**

