



VEHICLE ESCORT DRIVER APPLICATION



PLEASE PRINT WITH BLUE OR BLACK INK IN THE BOXES

Note: To become a certified vehicle escort driver, you **MUST:**

- Have a valid driver license
- Pay a \$40 fee
- Present proof of ID (as listed on MV-44.1)
- Be at least 21 years old
- Pass a written exam

Action Wanted

Original Certification
 Renewal
 Replace Certificate
 Amend Certification

Note: If you are applying for a replacement or need to change your name and/or address on your certificate, complete this form and mail it to: **Bus & Vehicle Escort Driver Certification Unit, Department of Motor Vehicles, 6 Empire State Plaza, Room 220C, Albany, New York 12228.** A \$5.00 check (payable to the Commissioner of Motor Vehicles) is required for a replacement certificate.

Name of Applicant (Last, First, Middle) _____ **Phone Number** _____

Date of Birth **Sex** **Height** **Eye Color** **Social Security Number**

Month	Day	Year	M <input type="checkbox"/>	F <input type="checkbox"/>	FEET	INCHES													
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Enter Driver License ID number as it appears on your license. _____ What State/Province issued your license? _____

Address Where You Get Your Mail (Include Street Number and Name, Rural Delivery, and/or Box) _____ **Apt. #** _____

City or Town _____ **State** _____ **Zip Code** _____ **County** _____

Address Where You Live-If different from mailing address (Include Street Number and Name, Rural Delivery, and/or Box) _____ **Apt. #** _____

City or Town _____ **State** _____ **Zip Code** _____ **County** _____

Address Change for: Mailing Address Legal Address

Does any of the information on your Escort Certificate have to be changed?
 Yes No

Name Change: Print your former name exactly as it appears on your current license or non-driver ID card.

Other Change: What is the change and the reason for it (wrong date of birth, etc.)?

I state that the information I have given on this application is true to the best of my knowledge. I certify that I am the holder of a valid driver license that is not now suspended or revoked, and that I have not lost my privilege to drive in New York State.

SIGN HERE _____
 (Sign name in full - A married woman must use her own first name.)

DMV USE ONLY

Expiration Date	Proof Submitted:	Approved By
Fee	<input type="checkbox"/> Driver License/ID	Office _____ Date: _____