

**19A EXAMINER TEMPORARY WAIVER
Physical Performance Test**

School District/BOCES Or Contractor Name	_____
Mailing Address	_____
Contact Person	_____
Telephone, Email	_____

INSTRUCTIONS:

This form is to be completed and submitted to the Pupil Transportation Unit of the SED if you desire to obtain a temporary waiver of the requirement that only a School Bus Driver Instructor (SBDI) may administer the Physical Performance Test (PPT) to school bus drivers, monitors, and attendants.

School districts, BOCES, and private contractors working for a school district or BOCES, are eligible to submit a waiver application. Commissioner's Regulations provide that only 19A Examiners that are employed by your district or company may be eligible for approval. If approved they may only administer the PPT to your employees. They are not free to sell their services to other districts or companies.

Upon approval of a waiver application, a certified SBDIs physical presence shall not be required during the actual administration of the test, provided that such testing is conducted under the general supervision of a certified SBDI who is employed by your district or company. Such SBDI shall be responsible for instructing the 19A Examiner in the proper administration of the physical performance test and shall review and approve the test results of all PPTs administered by the examiner. Such approval will be noted by the SBDIs signature on the PPT form.

19A Examiner Name and DMV Number	_____				
SBDI Name and SED Number	_____				
Number of School Bus Drivers	_____	Monitors	_____	Attendants	_____
Number of SBDIs on Staff	_____	Number of 19A Examiners	_____		

Reason for requesting a temporary waiver:

How do you plan to eliminate the need for future waivers?

Your request for a temporary waiver will be reviewed based upon the information you provide. Please try to be as thorough as possible in justifying your need for the temporary waiver and enumerate specific steps you intend to take to eliminate the need for a waiver in the future. You will receive a signed copy of your waiver approval when it has been processed. Approvals will be granted for up to a period of 3 school years commencing July 1, 2003.

Superintendent/Owner Signature _____, _____
Date

Mail Completed Form to: NYS Education Department
Office of Ed. Mgt./Grant Mgt. Services
Pupil Transportation Unit, Room 876 EBA
89 Washington Avenue
Albany, New York 12234

SED Approval Signature _____, _____ Date
