

Mahopac Central School District
179 East Lake Boulevard
Mahopac, New York 10541-1666
Phone: (845) 628-3415 * Fax: (845) 628-5502

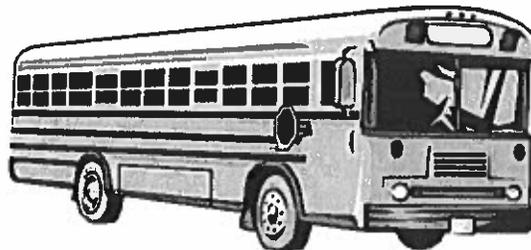
Thank you for applying to the Mahopac Central School District!

SCHOOL BUS DRIVER Applicants:

- 1) Review the attached Putnam County Civil Service Job Specifications to ensure you meet the established criteria
- 2) Fill in the attached riders to the application packet:
 - a. Putnam County Civil Service Application
 - b. Authorization to Obtain Motor Vehicle Record
 - c. Authorization/Request for Criminal Record/NYS Drivers Record
- 3) With your completed application packet, you must provide a copy of either your current New York State CDL Driver's License or current New York State commercial learner's permit
- 4) If you do not currently possess a New York State commercial learner's permit, you may visit the link below for instructions on how to apply for one, as this is a requirement to continue moving forward with the application process:
 - a. <https://www.dmv.org/ny-new-york/apply-cdl.php>
- 5) The Human Resources Office, in conjunction with the Transportation Office, will review all applications. As the District is continuously accepting applications for School Bus Drivers, based upon the current staffing needs of the District, applicants will be contacted to move forward in the hiring process.

SCHOOL BUS AIDE Applicants:

- 1) Review the attached Putnam County Civil Service Job Specifications to ensure you meet the established criteria
- 2) Fill in the attached riders to the application packet:
 - a. Putnam County Civil Service Application
 - b. Authorization to Obtain Motor Vehicle Record
 - c. Authorization/Request for Criminal Record/NYS Drivers Record
- 3) With your completed application packet, you must provide a copy of either your current New York State CDL Driver's License or current New York State commercial learner's permit
- 4) If you do not currently possess a New York State commercial learner's permit, you may visit the link below for instructions on how to apply for one, as this is a requirement to continue moving forward with the application process:
 - a. <https://www.dmv.org/ny-new-york/apply-cdl.php>
- 5) The Human Resources Office, in conjunction with the Transportation Office, will review all applications. As the District is continuously accepting applications for School Bus Aides, based upon the current staffing needs of the District, applicants will be contacted to move forward in the hiring process.



**THE MAHOPAC CENTRAL SCHOOL DISTRICT IS AN AFFIRMATIVE ACTION/EQUAL
OPPORTUNITY EMPLOYER**

SCHOOL BUS DRIVER

DISTINGUISHING FEATURES OF THE CLASS: This is manual work of average difficulty, requiring skill in the operation of a large automotive vehicle. The operator is responsible for the safety and conduct of the children who are passengers. Work is performed under general supervision with considerable leeway allowed the operator in carrying out the details of the work. Performs related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative Only)

Operates school bus on a regular schedule or on special occasions;
Checks the operating condition of the bus before starting on a trip;
Reports any mechanical defect to immediate superior;
Checks and fills vehicle with fuel;
Installs tachometer recording disc;
Records beginning and finishing mileage reading;
Participates in emergency drills as required;
Instructs or informs children about safety practices when entering and leaving bus;
Maintains orderly conduct of children on bus;
Cleans interior and exterior of the assigned vehicle;
May be required to operate a station wagon or other similar vehicle;
May be required to perform minor maintenance tasks on the vehicle;
Reports drivers passing a stopped school bus;
May be required to administer first aid to children injured on the bus;
Performs a variety of related activities as required.

Typical Work Activities are intended only as illustrations of possible types of work that might be appropriately assigned to an incumbent of this title. Work activities that do not appear above are not excluded as appropriate work assignments, as long as they can be reasonably understood to be within the logical limits of the job.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL

CHARACTERISTICS: Good knowledge of driving safety practices and traffic laws and regulations; ability to operate a bus under all driving and road conditions; ability to make minor repairs to the vehicle; ability to understand and follow simple oral and written directions; ability to get along well with children and command their respect; mechanical aptitude; mental alertness; dependability.

MINIMUM QUALIFICATIONS:

1. Must be at least twenty-one (21) years of age at time of appointment.
2. Eligibility for the appropriate level New York State Drivers License at the time of application; possession of the appropriate level New York State Drivers License at time of appointment.
3. Must satisfy the requirements for School Bus Driver set forth in the Rules and Regulations of the New York State Commissioners of Education and Motor Vehicles.

SPECIAL REQUIREMENT FOR APPOINTMENT IN SCHOOL DISTRICTS:

In accordance with the Safe Schools Against Violence in Education (SAVE) legislation, Chapter 180 of the Laws of 2000, and by the Regulations of the Commissioner of Education, candidates for appointment in school districts must obtain clearance for employment from the State Education Department prior to employment based upon a fingerprint and criminal history background check.

10/97; 1/09

Non-Competitive Class
Non-County (Schools)

SCHOOL BUS AIDE

DISTINGUISHING FEATURES OF THE CLASS: This is routine work of ordinary difficulty involving responsibility for overseeing the loading and unloading of student passengers and for administering to their needs, comfort and conduct while in transit on bus trips to and from school. Supervision is exercised over the conduct of student passengers as needed. Performs related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Rides on school bus for the purpose of assisting pupils to climb aboard and alight from bus;

Seats and places student passengers as required;

May operate a lift to load and unload handicapped student passengers and secures restraint devices and wheelchair locks;

Maintains order on bus and makes certain that student passengers are seated while bus is in motion;

Assists students and driver as needed;

Performs a variety of related activities as required.

Typical Work Activities are intended only as illustrations of possible types of work that might be appropriately assigned to an incumbent of this title. Work activities that do not appear above are not excluded as appropriate work assignments, as long as they can be reasonably understood to be within the logical limits of the job.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Good powers of observation; familiarity with the various bus routes in the district and their stopping places for students; ability to understand and follow oral and written directions; ability to get along well with students and command their respect; working knowledge of first aid methods; dependability.

MINIMUM QUALIFICATIONS:

None is required.



APPLICATION for EMPLOYMENT

POSITION TITLE

POSTING or JOB APPLICATION?

THIS APPLICATION IS USED TO DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.
BE SURE TO ANSWER ALL QUESTIONS COMPLETELY & CAREFULLY. USE INK OR TYPE.

RETURN COMPLETED APPLICATION TO:
Putnam County Personnel Department, 110 Old Route Six, Building 3, Carmel, NY 10512

1. Name and Legal Residence ~ PLEASE NOTIFY PUTNAM COUNTY PERSONNEL DEPARTMENT IN WRITING IMMEDIATELY IF ANY OF YOUR INFORMATION CHANGES

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY	STATE	ZIP CODE COUNTY

2. Mailing Address (if different from Legal Residence)

STREET ADDRESS (P.O. BOX ACCEPTABLE)	CITY	STATE	ZIP CODE
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3. Telephone, E-Mail, and Other Residence Information (please indicate landline(L) or cell phone(C) number)

PRIMARY TELEPHONE (AREA CODE & NUMBER)	SECONDARY TELEPHONE (AREA CODE & NUMBER)	E-MAIL ADDRESS
TOWN OF RESIDENCE		SCHOOL DISTRICT

- 1. Employment Eligibility:** * Do you have the legal right to accept employment in the United States? Yes No
- * Are you under 18 years of age? Yes No *Proof of employment eligibility will be required upon Employment.*

Are you or have you ever been a volunteer firefighter? Yes No If Yes: From _____ To _____

Check the appropriate box to the right of each question:

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
- B. Have you ever resigned from any employment rather than face dismissal? Yes No
- C. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No
- D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No
- E. Are there any arrests or criminal accusations currently pending against you? Yes No

If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8½" x 11" sheets if

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which application is being made.

NOT WRITE BELOW - FOR CIVIL SERVICE USE ONLY			DATE RECEIVED:
APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> CONDITIONAL	
GED BY:	OTHER:		

PUTNAM COUNTY PERSONNEL DEPARTMENT
110 OLD RTE. 6, BLDG#3*CARMEL NY 10512*
TEL 845 808-1650*FAX 845 808-1923
www.putnamcountyny.com

High School: Have you graduated from high school? Yes No

If Yes, name & location of high school: _____

If High School Equivalency Diploma: Issuing Governmental Authority: _____ Number: _____

Post High School Education:

	Name & Location of School	Type of Course or Major Subject	No. of College Credits Rec'd	Did You Graduate?	Type of Degree Rec'd
College, University, Professional or Technical School					
Other School or Special Courses					

Partially Completed Course of Study:
If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.

Indicating Specific Coursework:
If the Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.

Transcripts:
If the Position for which you are applying requires that you provide a transcript, please send one. Required degrees and/or coursework will be verified.

8. Licenses: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please provide the following information:

Name of Trade or Profession: _____ License No. _____

Dates of Validation: From _____ To _____ Licensing Agency _____ City/State _____

9. Driver License: A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in

New York State? Yes No License No. _____ Class _____ Date of Expiration _____

Special License Endorsements: _____

10. Contacting Employers: For reference purposes, may we contact your present employer? Yes No Past employers? Yes No

If no, please explain: _____

11. Performance Tests: If you have taken & passed any Putnam County Performance Test(s), indicate approximate dates below:

TYPING	DATA ENTRY	911 DISPATCHER	LANGUAGE ORAL	OTHER (Describe)
MO / YR	MO / YR	MO / YR	LANGUAGE MO / YR	MO / YR

It is the responsibility of the applicant to provide documentation of successful completion of performance tests.

2. Other Examinations: Have you taken any examinations given by this department? Yes No

If yes, list titles and dates: _____

3. Veterans Status: If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran¹ of the Armed Forces of the United States,² then you may be eligible for certain benefits.³ To claim Veterans Status, active duty members of the Armed Forces must submit proof of active duty status⁴ (e.g. current military ID, military orders or other official military document that substantiates active duty status); discharged and/or disabled veterans are required to submit a copy of their DD214 discharge papers.

¹ "Disabled Wartime Veteran" means that you are entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

² The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard and all components thereof, or the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes.

³ "Active duty status" means full-time, active duty other than active duty for training purposes.

I am a Veteran Disabled Wartime Veteran Active Service Member.

Check below to indicate your area(s) of service, and provide time period(s) of service:

	Time Period of Service (From Mo/Yr - To Mo/Yr)
World War II, US Public Health Service	December 7, 1941 – December 31, 1946
Korean Conflict	June 27, 1950 – January 31, 1955
Public Health Service	June 26, 1950 – July 3, 1952
Vietnam Conflict	February 28, 1961 – May 7, 1975
Hostilities in Lebanon*	June 1, 1983 – December 1, 1987
Hostilities in Grenada*	October 23, 1983 – November 21, 1983
Hostilities in Panama*	December 20, 1989 – January 31, 1990
Gulf Conflict	August 2, 1990 – present

- **What to List:** Any and all employment.
- **Professional Experience:** Indicate whether or not professional experience occurred *after* your professional degree or coursework.
- **Volunteer/Unpaid Work:** List *volunteer or unpaid experience* only if noted as qualifying experience for the position or job posting. Describe volunteer/unpaid work the same way as paid work, and write "unpaid" in "Earnings."
- **Military Experience:** If you have had *military service that included experience pertinent to the position*, list that experience.
- **Changes in Status:** If your title or duties changed significantly during your service in any one organization, list such changed status separately.
- **Duties:** In the "Duties" section, describe duties in detail; the nature of work personally performed by you; estimate percentage of time spent on each type of work. If more space is needed, you may attach 8½" x 11" sheet(s) of paper.
- **Supervisory Experience:** For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.

You are responsible for submitting an accurate, adequate, clear description of your experience

Omissions or vagueness will NOT be interpreted in your favor ~ If more space is needed, you may attach 8½" x 11" sheet(s) of paper

LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			

AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By my signature below, I hereby authorize the Putnam County Personnel Department, the County of Putnam, and/or its respective departments, offices or agencies, and/or any municipality within Putnam County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Putnam County Personnel Department, Putnam County and/or its respective departments, offices or agencies, and/or any municipality within Putnam County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Employment* containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

Signature of Applicant

Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:

PERJURY STATEMENT: APPLICANTS—PLEASE BE ADVISED:

Any and all statements made by the applicant in connection with Application for Employment are subject to verification, including background investigation by prospective appointing authorities. Misrepresentations may constitute cause for disqualification or discharge. Pursuant to Section 210.45 of the New York State Penal Law,

IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

APPLICATION COMPLETION CHECKLIST ... DID YOU ... ?

- Read, Sign and Date the *Affirmation And Authorization For Release Of Personal Information*, above?
- Enter the *Title* for the Position for which you are filing (top of application form)?
- Enter your *Social Security Number* (in Section 1, Page 1 of this application form)?



IMPORTANT APPLICANT INFORMATION

CHANGE OF ADDRESS: Putnam County Personnel Department must receive *written notification of any change of address and/or telephone number* in order to communicate important employment information to you. Please note the title of position in your letter.

DRUG & ALCOHOL TESTING: In accordance with Putnam County's comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you will be required to submit to urinalysis, breath and/or blood tests to be considered for County employment.

FINGERPRINTING: As of January 1, 2019, all prospective employees of Putnam County will be required to undergo a digital fingerprint background check at a cost of approximately \$100 to be borne by applicant.

EQUAL OPPORTUNITY: In compliance with the *New York State Human Rights Law*, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record, no part of this application form is intended or should be construed to express, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record in connection with employment. Putnam County is an Equal Opportunity – Affirmative Action employer.

REMARKS: Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheet(s).

Rev. January 2019

MAHOPAC CENTRAL SCHOOL DISTRICT



Leonor Volpe
Transportation Supervisor

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

- 1) Certifies that the undersigned is an employee, or has applied to become an employee of the below names employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by The Mahopac Central School District.
- 2) That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
- 3) That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or presentation on this form is a criminal violation.

Name of Employee/Potential Employee: _____

Print name as it appears on driver's license

License Number and State: _____

Date of Birth: _____ / _____ / _____

Signature of Employee/Potential Employee: _____

Date: _____

FOR OFFICE USE ONLY:

Employer Authorized Representative Name: _____

Authorized Representative Signature: _____

Date: _____



**PUTNAM COUNTY
OFFICE OF THE SHERIFF
AND
CORRECTIONAL FACILITY
THREE COUNTY CENTER
CARMEL, NEW YORK 10512
845-225-4300**



**ROBERT L. LANGLEY, JR.
SHERIFF**

**KEVIN M. CHEVERKO
UNDERSHERIFF**

Authorization/Request for Criminal Record/NYS Drivers Record from Non-Police Agency

All the following information must be completed

PLEASE PRINT CLEARLY

Date: _____

Name: _____ DOB: _____

Maiden Name/Other names used: _____

Address: _____
Street # / PO Box City State Zip

Height: _____ Eye Color: _____ **MALE OR FEMALE**

NEW YORK STATE DRIVER'S LICENSE ID # _____

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD

I hereby authorize and request the Sheriff of Putnam County to furnish and release any records of the Putnam County Sheriff's Department and Correctional Facility to the agency listed below:

Signature of applicant

Date

Reason Record Check Required: _____

Agency Requesting Record: _____

Address: _____

Signature of Person Requesting Record: _____

PLEASE ATTACH DRIVER'S LICENSE TO APPLICATION.



Department of Motor Vehicles

Published on *New York DMV* (<https://dmv.ny.gov>)

[Home](#) > [Printer-friendly](#) > [Get a CDL](#)

Get a CDL ^[1]

Follow these steps to get your first time New York State commercial driver license (CDL).

Step 1: Have a New York State driver license (Class D, Class E, or Non-CDL C) or a valid CDL from another state

Get the [New York State Commercial Driver's Manual](#) ^[2] (CDL-10) online or from a [DMV office](#) ^[3] or [call center](#). ^[4] Study the sections of the manual that apply to the type of CDL you need. The sections of the manual that you need to study are explained in the manual. The manual describes the classes, the restrictions, and the endorsements of CDLs. This information is also included on the [Driver License Class Descriptions \(PDF\)](#) ^[5] (MV-500C).

Step 2: Apply for a commercial learner permit at a DMV office

You must pass the written test for the CDL that you need. There is an application fee of \$10.00. This fee allows you to take all written tests (knowledge and endorsement) required for permit and license issuance applied for which are taken at the same time. There will be an additional \$5 fee for any other required tests not taken and passed at the time of initial application. There is a fee of \$40.00 to take the CDL road test (skills test). You can pay the road test fee when the DMV office issues your commercial learner permit, or you can [pay the fee online](#) ^[6]. You must pay the fee before you can schedule your road test.

When you apply for an *original* New York State CDL (Class A, B, or C), you must certify that

- You did not hold a driver license in any state or in the District of Columbia except New York in the last 10 years or you must report every US state (or the District of Columbia) where you held a driver license in the last 10 years.
- You meet the Federal medical examination requirements (see [Medical Certification Requirements](#) ^[7] for more information). ¹

You must also prove your legal presence in the United States.

IMPORTANT: DMV now offers three types of license/permit documents. Learn more about [Enhanced, REAL ID and Standard documents](#) ^[8].

Know what to bring to the DMV office

If you have a Standard and want to change to a REAL ID or Enhanced, you must come into a DMV office. Complete this guide to make sure you have the proofs of identification you need before coming.

[Find the documents you need to get a REAL ID or enhanced license](#) ^[9]

- The [DMV Document Guide](#) [10] lists all acceptable legal presence and New York State residence proof documents. Please note: You must provide us the original documents (not photocopies), and documents submitted as proof of residence must have your current residence address on it (no P.O. Box permitted).
- If you are *not* U.S. citizen or lawful permanent resident (i.e., temporary visitors) your Commercial Learner Permit (CLP) or CDL document will have the legend "NON-DOMICILED" printed on documents issued on it. The "TEMPORARY VISITOR" and the expiration date of your legal status documentation will continue to be displayed on the CLP and/or CDL document.

Per new federal regulations, the DMV will check for any open suspensions or revocations you may have in any state. If you have an open suspension or revocation, we will reject your application.

You **must** apply for a CDL at a [DMV Office](#) [3].

Step 3: Prepare for your road test and practice with a supervising driver

The supervising driver must have a driver license that is valid to drive the commercial motor vehicle that you use for practice.

Based on feedback we have received from the motor carrier industry regarding the new federal CDL test model, we have learned that drivers are facing difficulties with certain sections of the test, often times resulting in failures. In an effort to address some of the common difficulties encountered during the skills test, we are providing some information that may be useful for drivers and instructors.

[Sections 11-13 of the CDL Manual \(PDF\)](#) [11] covers the skills test. Please pay special attention to the Air Brake Check information on page 11-4. We strongly recommend that drivers and instructors focus on the steps outlined for the air brake check, and follow the steps as written. More information is provided in the full [Commercial Driver's Manual \(CDL-10\)](#) [2].

In addition, please note that the federal regulations allow the pre-trip inspection section to be randomized each time a new test is initiated for an applicant. As a result, the pre-trip portion of the test could start at the front of the vehicle, in the middle, or if the test is for a Class A vehicle, with the trailer. On page 11-12 of the manual, you will find the CDL Vehicle Inspection Memory Aid, which drivers are permitted to bring to the test as long as there are no notes or marked items on the document. Motor Vehicle License Examiners will also have a copy to provide to the applicant at the test site, if necessary.

Step 4: Schedule your road test

Use the [Road Test Scheduling System](#) [12]. Please note that you can't schedule an appointment for a date that is less than 14 days of being issued a Commercial Learner Permit (CLP). If you do not pass the road test, you must pay a fee of \$40.00 before you can schedule another road test. You can pay the fee online with your credit card, or pay the fee at a DMV office.

New CDL restrictions defined below by the Federal Motor Carrier Safety Administration (FMCSA) may affect CLP holders when taking a Skills Test in a vehicle without full airbrakes and/or a manual transmission.

- E - No Manual Transmission Equipped Commercial Motor Vehicle (CMV)
- L - No Airbrake Equipped CMV
- Z - No Full Airbrake Equipped CMV restrictions

If the vehicle used for your skills test has:

- An automatic transmission, and this is your first road test in a commercial motor vehicle (CMV), you will be given an E restriction.

- No form of airbrakes, and this is your first road test in a CMV, you will be given an L restriction.
- Air over hydraulic brakes, and this is your first road test in a CMV, you will be given a Z.
- If you have a CDL with an L restriction and you test in a vehicle with air over hydraulic brakes, you will be upgraded from an L to a Z restriction.

Additional information

Will I get a temporary CDL after I pass my road test?

No. Effective **May 23, 2014**, the New York State DMV will no longer issue a 10-day temporary license document upon successful completion of a Commercial Driver License skills test, in order to comply with the Federal self-certification and medical certification requirements for commercial drivers.

Instead, commercial drivers will be issued a receipt indicating they must wait 1 business day before visiting a DMV office in order to obtain a Commercial Driver's License document.

What is the fee for a CDL?

It depends on the expiration date and the class of your current driver license, and the date that you receive your CDL.

When will I get my CDL?

The local DMV office will issue a temporary CDL that is valid for 90 days. Your photo CDL will arrive by mail in 3 to 4 weeks.

What if I have a CDL from another state?

To get a New York State CDL, you must apply for your CDL at a DMV office and surrender your out-of-state CDL. If your out-of-state CDL has a hazardous materials endorsement, you must pass the hazardous materials knowledge test when you apply for your New York State CDL. You must also provide fingerprints for federal and New York State background checks for criminal violations.

1. Federal regulations in 49 CFR Part 391

Related PDFs:

mv44.pdf
mv500c.pdf

Source URL (modified on 12-12-2019): <https://dmv.ny.gov/get-cdl>

Links

- [1] <https://dmv.ny.gov/get-cdl>
- [2] <https://dmv.ny.gov/node/2067>
- [3] <https://dmv.ny.gov/offices>

- [4] <https://dmv.ny.gov/node/1832>
- [5] <https://dmv.ny.gov/forms/mv500c.pdf>
- [6] <https://transact2.dmv.ny.gov/skillstestpayment>
- [7] <https://dmv.ny.gov/node/1405>
- [8] <https://dmv.ny.gov/node/872541>
- [9] <https://process.dmv.ny.gov/documentguide/?s=lic>
- [10] <https://process.dmv.ny.gov/documentguide/>
- [11] <https://dmv.ny.gov/brochure/cdl10sec11-13.pdf>
- [12] <https://nyrtsscheduler.com/>
- [13] <https://dmv.ny.gov/topic/commercial-drivers>
- [14] <https://www.surveygizmo.com/s3/5131742/Public-Site-Page-Content-Feedback??jsfallback=true>