



ATTENTION
ATU LOCAL 1181-1061
NYC DEPARTMENT OF EDUCATION DRIVERS

We are well aware that the PETS system which has been put into place, has caused many of the drivers we represent, to experience problems with their medical certifications from the New York State Department of Motor Vehicles.

Therefore, in order to avoid decertification, we have put together some bullet points to assist in navigating you through the process. Hopefully this will avoid any problems you may have.

- First and foremost; **do not wait until the month of expiration to apply to your medical certification. We strongly suggest you apply one (1) month prior to the expiration.**

- When your medical card is emailed, it would be beneficial to the member to insert his/her name in the subject line to expedite the process.

- Send the front and back of your medical card (see attached sample).

- Contact information: dmv.am.cdmedcertunit@dmvny.gov
Medical Certification Unit: 518.474.3603

Keep in mind that the medical unit is approximately one (1) week behind in processing paperwork and are processing CDL medicals for the entire state.

We must do our best to avoid decertification.

In Solidarity,

ATU Local 1181-1061
Michael Cordiello, President/Business Agent
and the Executive Board

Medical Examiner's Certificate

Form that I have examined. Said person's _____ First Name _____ last name _____ (please check only one)

The Person/Driver Correctly Represents (28C.120-2.12) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only where stated of the person's
 The Person/Driver Correctly Represents (28C.120-2.12) and, with any applicable State restriction which will only be lifted by complete educational and work knowledge of the driving duties, find this person is qualified, and, if applicable, only where stated of the person's

Wearing corrective lenses Accompanied by a _____ Motor/Operator Driving within an exempt territory zone (see 28C.120-1.23) (where-
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of (28C.120-1.24) (where-
 Grandfathered from State requirements (State)

Medical Examiner's Signature _____ Date _____ 12/1/23

Medical Examiner's License No. _____ **DOB** _____ **Sex** _____ 11/21/41 21

Male Female Unknown Other (Please State) _____
 M F O Other (Please State) _____

Medical Examiner's State License No. _____ **City** _____ **State** _____ NY _____

Date Expires _____ **Signature** _____

BOULEVARD MULTISPECIALTY MEDICAL, P.C.
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(LOWER LEVEL)
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