



REQUIRED FORM

APPLICATION

NOTICE OF EXAMINATION

Bus Operator Exam No. 2613

WHEN TO APPLY: From: June 6, 2012
To: June 21, 2012

APPLICATION FEE: \$61.00
(This Fee is Non-Refundable)

THE TEST DATE: The multiple-choice test is expected to be administered on several dates. The first test is expected to be administered Saturday, January 12, 2013.

ADMISSION LETTER: An *Admission Letter* with your test date will be mailed to you on or before January 2, 2013. If you do not receive this letter by January 8, 2013, you may obtain a duplicate letter at the NYC Transit Exam Information Center, 180 Livingston Street (Lobby), Brooklyn, NY; weekdays from 9 AM to 3 PM.

JOB DESCRIPTION: Bus Operators, under general supervision, safely and efficiently operate an MTA New York City Transit bus transporting passengers along an assigned route while adhering to a schedule, New York City traffic regulations, New York State laws, and New York City Transit rules and regulations. They ensure the proper payment of fares; issue and collect transfers; ensure the safety of passengers; ensure the safety and security of the assigned bus; perform pre- and post-trip inspections; complete various reports; and perform related work.

Some of the physical activities performed by Bus Operators and environmental conditions they experience are: working in all kinds of weather conditions; communicating with customers; walking up and down stairways and ramps, and avoiding hazards in depots; hearing horns, buzzers, and verbal warnings; distinguishing colored lights; seeing and anticipating traffic hazards at a distance and in all directions; making visual inspections of buses; sitting for long periods of time; operating a wheelchair lift; and climbing into and out of an Operator's seat.

Special Working Conditions: Bus Operators may be required to work various shifts, including nights, Saturdays, Sundays, and holidays.

(This is a brief description of what you might do in this position and does not include all the duties of this position.)

SALARY AND BENEFITS:

The current minimum salary for Bus Operators is \$20.9675 per hour for a 40-hour week, with an increase to \$29.9550 in the fourth year of service. These rates are subject to change. The benefits of this position include, but are not limited to night and weekend salary differentials, paid holidays, vacations, sick leave, a comprehensive medical plan, and a pension plan.

HOW TO QUALIFY:

Education and Experience Requirements: There are no formal education or experience requirements for this exam.

REQUIREMENTS TO BE APPOINTED:

Driver License Requirement: At the time of appointment you must possess either:

1. A Class B Commercial Driver License (CDL) valid in the State of New York, with a passenger endorsement and no restrictions that would disqualify you from performing the duties of this position; or
2. A motor vehicle driver license valid in the State of New York and a CDL Learner Permit with passenger endorsement and no restrictions as referenced in #1 above.

Your CDL or motor vehicle driver license, or any combination thereof, must have been valid in the State of New York for at least three years immediately prior to the date you are appointed to this position.

If you are appointed under "2" above, you must obtain the Class B Commercial Driver License during the training program in bus operation. (See "Additional Information" section below)

You may be disqualified from appointment in this title if you have serious moving violations, a license suspension or an accident record. The driver license referenced in #1 above must be maintained for the duration of your employment.

Medical Requirement: Medical guidelines have been established for the position of Bus Operator. You will be examined to determine whether you can perform the essential functions of the position of Bus Operator. Where appropriate, a reasonable accommodation will be provided for a person with a disability to enable him or her to take the examination, and/or perform the essential functions of the job.

Drug Screening Requirement: You must pass a drug screening in order to be appointed.

Residency: New York City residency is not required for this position.

English Requirement: You must be able to understand and be understood in English.

Proof of Identity: Under the Immigration Reform and Control Act of 1986, you must be able to prove your identity and your right to obtain employment in the United States prior to employment with New York City Transit.

HOW TO OBTAIN AN APPLICATION: During the application period, you may obtain an application for this examination as follows:

1. Online at <http://www.mta.info>, or <http://exam.nyct.com>, or
2. In person, Monday through Friday, from 9 AM to 3 PM at:

NYC Transit
Exam Information Center
180 Livingston Street (Lobby)
Brooklyn, NY 11201

REQUIRED FORM:

Application for Examination: Make sure that you follow all instructions included with your application, including payment of fee. Save a copy of the instructions for future reference.

HOW TO SUBMIT AN APPLICATION AND PAY THE APPLICATION FEE: If you believe you meet the requirements in the "How to Qualify" section, you may apply via the internet or by mail.

New York City Transit will **not** accept applications in person.

Online Applications:

1. You may apply over the internet, using the Transit Examinations Application (TEA) system at: <http://exam.nyct.com> by the last day of the application period.
2. A major credit card or a bank card associated with a bank account must be used when applying online.
3. You will be sent a confirmation email after you complete your application and pay the application fee. Applicants who request a fee waiver **must** apply by mail.

Applications by Mail must:

1. Be postmarked by the last day of the application period.
2. Include all of the required forms, as indicated in the Required Forms section above.
3. Be mailed to the address in the "Correspondence Section" of this notice.
4. Include the appropriate fee in the form of a money order.

The Money Order (Postal Money Order Preferred) must:

1. Be made payable to NYC Transit.
2. Be valid for one year.
3. Have the following information written on it: your name, home address, the last four digits of your social security number, the exam title and the exam number.

Save your money order receipt for future reference and proof of filing an application.

Cash and personal checks will not be accepted.

THE TEST: You will be given a multiple-choice test. Your score on this test will be used to determine your place on an eligible list. You must achieve a score of at least 70 to pass the test. The multiple-choice test may include questions on basic traffic rules and safe driving; understanding schedules and bulletins; understanding and following rules, regulations and procedures; customer service; completing reports; performing inspections; points of interest; and other related areas.

THE TEST RESULTS: If you pass the multiple-choice test, your name will be placed in final score order on an eligible list and you will be given a list number. You will be notified by mail of your test results. If you meet all the requirements and conditions, you will be considered for appointment when your name is reached on the eligible list.

ADDITIONAL INFORMATION:

Training Program: Appointees are required to successfully complete a six-week training program in bus operation. Those who do not successfully complete this program will be terminated.

SPECIAL ARRANGEMENTS:

Special Testing Accommodations: If you plan to request special testing accommodations due to a disability or an alternate test date due to your religious beliefs, follow the instructions included with the *Application* and mail your request to the address found in the "Correspondence Section" below, no later than 30 days prior to the scheduled test date.

CORRESPONDENCE SECTION:

All correspondence, including the submission of your application, must be sent to the address below:

Bus Operator, Exam No. 2613
NYC Transit
180 Livingston Street, Room 4070
Brooklyn, NY 11201

APPLICATION FOR EXAMINATION



New York City Transit

180 Livingston, Room 4070
Brooklyn NY, 11201

FOLLOW DIRECTIONS ON NEXT PAGE

When applying for examinations, follow the directions on the next page with money orders made out and mailings addressed to MTA New York City Transit (NYCT). Fill in all requested information clearly, accurately, and completely. MTA New York City Transit will only process applications with complete, correct, and legible information, which are accompanied by correct payment. All unprocessed applications will be returned to the applicant.

Type or Print All Required Information In Blue or Black Ink.

1. SOCIAL SECURITY #: -

2. EXAM #: **2613** 3. EXAM TITLE: **Bus Operator**

4. EXAM TYPE: **Open Competitive**

5. LAST NAME:

6. FIRST NAME: 7. MIDDLE INITIAL:

8. MAILING ADDRESS:

10. CITY OR TOWN: 11. STATE: 12. ZIP CODE: 9. APT. #:

13. PHONE: 13a. CELL PHONE:

14. OTHER NAMES USED IN CITY SERVICE:

15. RACE/ETHNICITY (CHECK ONE):

White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

16. SEX (CHECK ONE): Male Female

17. I claim religious observance and will request an alternate test date. (see "Special Circumstances" sheet)

18. I claim disability and will request special accommodations. (see "Special Circumstances" sheet)

Questions 15 & 16
Discrimination on the basis of sex, sexual orientation, race, creed, color, age, disability, status or religious observance is prohibited by law. All MTA Agencies are equal opportunity employers. The identifying information requested on this form is to be used to determine the representation of protected groups among applicants. This information is voluntary and will not be made available to individuals making hiring decisions.

19. E-MAIL ADDRESS (OPTIONAL):

20. YOUR SIGNATURE: _____ DATE: _____

Character and Background: Proof of good character and satisfactory background will be absolute prerequisites to appointment. The following are among the factors considered for disqualification: (a) conviction of an offense, the nature of which indicates lack of good moral character or disposition toward violence or disorder; (b) repeated convictions, where such convictions indicate a disrespect for the law; (c) discharge from employment, where such discharge indicates poor behavior or an inability to follow rules and disciplinary guidelines; (d) previous unsatisfactory employment history with any MTA Agency or other public employment; (e) dishonorable discharge from the Armed Forces; (f) previous misrepresentation of identity; (g) previous misrepresentation of authority to work in the United States.

APPLICATION FORM INSTRUCTIONS

Print all information CLEARLY. Failure to do so may delay or disqualify your application.

NOTE: Read the Notice of Examination carefully before completing the application form to ensure that you meet the qualifications and eligibility requirements. **MTA New York City Transit will only process applications with complete, correct, legible information which are accompanied by correct payment or waiver documentation. All unprocessed applications will be returned to the applicant.** When appropriate New York City Transit will issue a refund for unprocessed applications after the close of the filing period.

BOX 1-4 SSN, EXAM NO., EXAM TITLE AND EXAM TYPE	A 9 digit Social Security Number is required. Refer to the Notice of Examination prior to filling in the exam number and exam title. Check either the Open Competitive or Promotion box to indicate the type of examination you are applying for.
BOX 5-14 GENERAL INFORMATION	The address you give will be used as your mailing address for all official correspondence. Do Not write your e-mail address as your mailing address. Only one address for each person is maintained in the files of this Department. If you change your mailing address after applying, see the " Change of Address " section on the Special Circumstances form.
BOX 15.-16. ETHNICITY AND SEX	Completing this information is voluntary. This information will not be made available to individuals making hiring decisions.
BOX 17-18 SPECIAL CIRCUMSTANCES	For Religious Observance, Special Accommodations because of a Disability, Veterans' or Disabled Veterans' Credit, Parent or Sibling Legacy Credit, please see the " Special Circumstances " form for qualifications and definitions for this section.
BOX 19 E-MAIL ADDRESS	(Optional) Enter your e-mail address if you have one.
BOX 20 SIGNATURE	Signing the application indicates that all statements you provided on this form and all other forms required for this examination are true and subject to the penalties of perjury.

FORMS

All required forms which are listed in the upper-right-hand corner of the Notice of Examination must accompany your application. Failure to include these forms may result in your disqualification.

FEE

The amount of the fee is stated in the Notice of Examination. Apply by mail only with a **MONEY ORDER** made out to **New York City Transit** (checks or cash **are not** accepted). On the front of the money order you must clearly print your **full name** and **the exam number**. Applications that are submitted without the application fee payment at the time of filing your application during the application period will be considered incomplete applications. Candidates whose applications are deemed incomplete will have their applications and fees returned and they will not be permitted to re-submit their applications to **New York City Transit** once the filing period has closed, nor will they be permitted to take the test on the date scheduled. Keep your money order receipt as proof of filing. The money order must be valid for at least 90 days from the issuing date.

FEE WAIVER

General Examination Regulations E.3.2 states a filing fee is not charged if you are a New York City resident receiving full benefits for public/cash assistance from the New York City Department of Social Services or in accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria during the month you wish to apply for an examination:

The name written on your "**Application For Examination**" form must match the name on your documentation.

Please refer to the "**New York City Transit Examination Fee Waiver**" form for the list of appropriate documentation acceptable for each fee waiver criteria. Applications submitted without the appropriate documentation at the time of filing your application during the application period will be considered incomplete applications. Candidates whose applications are incomplete will not be permitted to re-submit their applications once the filing period has closed, nor will they be permitted to take the test on the date scheduled. Fee Waivers are limited to persons who are currently participants at the time of submission of the application.

Any person who falsifies information concerning his/her eligibility to receive benefits may be banned from appointment to any position within the MTA, and may be subject to criminal prosecution. **All such violations will be referred to the Department of Investigation.**

APPLICATION SUBMISSION

Apply by mail only. Your properly completed required form(s), supporting documents, and the application fee or fee waiver paperwork must be postmarked no later than the last date of the application period and mailed to: MTA New York City Transit, Attention: c/o (please state the specific Exam Title and Exam Number), 180 Livingston Street, Room 4070, Brooklyn NY, 11201.

Applicants who do not receive an admission letter at least 4 days prior to the tentative test date must call (347) 643-7221 or (347) 643-7222.



New York City Transit

Personnel Testing, Selection and Classification Unit
180 Livingston Street, Room 4070
Brooklyn NY, 11201.

SPECIAL CIRCUMSTANCES

Directions for completing application for examination form.

Note: **These directions are designed to assist you in completing Section 17 on the APPLICATION FOR EXAMINATION form and to inform you how to notify us of a CHANGE OF ADDRESS.**

(A) RELIGIOUS OBSERVANCE:

If, because of religious belief, you cannot take the test on a Saturday or on the scheduled test date, you must request an alternate date no later than 15 days prior to the scheduled test date.

The request must include:

- your full name
- your social security number
- the exam number
- the exam title
- a signed statement on letterhead from your religious leader certifying that your religious observance prohibits you from taking the test on the scheduled date.

Submit the above information by mail only to: **MTA New York City Transit, Personnel Testing, Selection and Classification, Attention (please state the specific Exam Title and Exam Number) 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**

Note: **DO NOT** include your religious observance documentation with your completed application form(s).

(B) DISABILITY:

If you have a disability which will interfere with your ability to take this test without special accommodation(s) or other assistance, you must submit a written request for specific special accommodation(s) postmarked no later than 30 workdays prior to the test date.

The request must include:

- your full name
- your social security number
- the exam number
- the exam title
- the specific nature of your disability
- a justification for the special accommodations
- a statement corroborating your disability by a doctor or agency authorized for this purpose

Submit the above information by mail only to: **MTA New York City Transit, Personnel Testing, Selection and Classification, Attention (please state the specific Exam Title and Exam Number) 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**

Note: **DO NOT** include your special accommodation documentation with your completed application form(s).

SPECIAL CIRCUMSTANCES

Directions for completing application for examination form.

(C) VETERANS:

For Veterans' or Disabled Veterans' Credit you must meet the following requirements:

1. Be a resident of New York State at the time of list establishment; **and**
2. Be a United States citizen or an alien lawfully admitted for permanent residence; **and**
3. Received or expect to receive an honorable discharge or release under honorable conditions from the Armed Forces of the United States. The "*Armed Forces of the United States*" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law; **and**
4. Have served or are now serving, on full-time active duty, other than active duty for training, in at least one of the following Time of War periods below:

<u>Armed Forces of the United States during:</u> World War II (Dec 7, 1941 - Dec 31, 1946); or Korean Conflict (Jun 27, 1950 - Jan 31, 1955); or Vietnam Conflict (Feb 28, 1961 - May 7, 1975); or Persian Gulf Conflict (Aug 2, 1990 - to be determined)	O R	<u>You must have received the armed forces expeditionary medal, navy expeditionary medal, or the marine corps expeditionary medal for Hostilities in:</u> Lebanon (Jun 1, 1983 - Dec 1, 1987); or Grenada (Oct 23, 1983 - Nov 21, 1983); or Panama (Dec 20, 1989 - Jan 31, 1990).
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For Disabled Veterans' Credit, in addition to 1, 2, 3, and 4, at the time the list is established, you must have been found to have a service connected disability incurred in a Time of War period listed on the previous page, which has been rated at least 10 percent by the U.S. Department of Veterans Affairs (V.A.). If the V.A. has not certified the disability as permanent, it must have been rated at least 10 percent by a V.A. physician no more than one year prior to the date of filing your application or the date of establishment of the eligible list.

Veterans' or Disabled Veterans' Credit should be requested at the time of application, but **must** be requested before the date the eligible list is established. If a candidate requests Veterans' or Disabled Veterans' Credit after an application for an exam has been submitted, the candidate must appear in person or write a letter indicating the candidate's name, address, social security number, and the open-competitive or promotion exam title and number. The letter must be addressed to **Personnel Testing, Selection and Classification, MTA New York City Transit Attention (please state the specific Exam Title and Exam Number) 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**

Claims for Veterans' or Disabled Veterans' Credit cannot be made once the eligible list is established. All claims for Veterans' or Disabled Veterans' Credit will be investigated and you will be required to produce documentation, such as discharge papers, to prove that you are eligible for the credit.

Note:

1. You may use Veterans' or Disabled Veterans' Credit only once after January 1, 1951 for appointment or promotion from a City, State, or County civil service list from a jurisdiction within the State of New York.
2. Veterans' or Disabled Veterans' credit will be added only to the final score of those candidates who pass all parts of the examination.
3. The above is only a summary of necessary conditions. The complete provisions are contained in statutory and/or decisional law.

(D) CHANGE OF ADDRESS:

If your mailing address changes after you file for an exam, you should send a letter stating your name, social security number, exam title, exam number, old address and new address to:

**MTA New York City Transit
Personnel Testing, Selection and Classification Unit Transit
Attention (please state the specific Exam Title and Exam Number)
180 Livingston Street, Room 4070
Brooklyn NY, 11201**



REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER

TO ALL APPLICANTS:

General Examination Regulation E.3.2 states that a filing fee is not charged if you are a New York City resident receiving full benefits for Public/Cash Assistance from the New York City Human Resources Administration or in accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria during the month you wish to apply for an examination:

Table with 2 columns and 4 rows listing waiver criteria: A) New York City resident receiving full benefits, B) Unemployed, C) Receiving Supplemental Security Income (SSI) payments, D) Receiving Medicaid benefits, E) Receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance, F) Certified eligible for a Workforce Investment Act program, G) One-time Veterans Fee Waiver for U.S. Armed Forces service members.

You must complete a separate "REQUEST FOR A NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER" form for each exam you wish to apply for. PRINT CLEARLY OR TYPE INFORMATION. Name: _____ SS#: _____ I request that my application fee for the examination listed below be waived in accordance with the General Examination Regulation E.3.2 or Section 50.5(b) of the State Civil Service Law.

*****AFFIRMATION*****

I have read the above-mentioned General Examination Regulation E.3.2 and the portion of Section 50.5(b) of the Civil Service Law relating to the waiver of the application fee and hereby certify that I am qualified to receive such waiver for the reason indicated below. I understand that if I falsify information concerning my current eligibility in order to obtain the application fee waiver, I may be banned from appointment to any position within the City of New York, and may be subject to criminal prosecution. (All such violations will be referred to the Department of Investigation.)

Signature: _____ Date: ____-____-____

Fee Waiver Criteria Selection: Check only the box that applies to you and for which you have acceptable documentation as described on pages 2 and 3. Complete, sign, and date this form and return it along with your documentation and the completed required form(s) listed on the Notice of Examination. At the time of applying for the above-indicated examination, I am currently... [List of criteria A-G with checkboxes]

See pages 2 & 3 to view the list of acceptable documentation for each fee waiver criterion.



REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER

- A) For an individual who is a New York City resident and is receiving full benefits (Cash and Food Stamps) and not partial benefits for Public/Cash Assistance from the New York City Department of Social Services: Submit a clear copy of your Benefit Identification Card that bears your name. Since New York City Transit will verify your eligibility for **full benefits** through your Client Identification Number (CIN), you must make sure that all information preprinted on your Benefit Identification Card can be read when copied. *Handwritten information will not be accepted.*
- B) For an individual who is unemployed: Submit an “**Unemployment Insurance Benefit Payment History**” inquiry printout. This printout must include Week Ending dates that correspond with the month that you are applying for an exam. You may obtain this printout from the New York State Department of Labor by calling 1 (877) 221-1634 or online at www.labor.state.ny.us. For the Department of Labor outside of New York State, you may access their website at www.dol.gov for assistance in locating this type of documentation online for the state in which you reside. If you are unemployed, but not currently receiving Unemployment Insurance Benefits, you may submit an affidavit signed by you stating that you are unemployed, and notarized by a Notary Public. Your affidavit must be dated within the application period for the exam you are applying for. For unemployment benefits received outside of New York State, you may include a copy of your unemployment check that bears your Name and SS# dated and issued for the month in which you are applying for an exam.
- C) For an individual who is receiving Supplementary Security Income (SSI) payments: Submit a “**Benefit Verification Break Down Letter**”. This printout shows the break down of your monthly payments on letterhead from a Social Security Administration Office in your state that is dated during the month for which you are applying for an exam and specifically indicates that you received SSI benefits that month. Award Letter Notifications re-issued during the month you are applying for an exam that does not include the added information in the OTHER IMPORTANT INFORMATION field that specifically states you are receiving SSI benefits that month will not be accepted. Parents who receive SSI benefits for their minor children are not eligible for a fee waiver.
- D) For an individual who is receiving Medicaid benefits or partial benefits that include Medicaid: Submit the “**MA Case/Suffix/ Individual/Summary**” printout. This printout must verify that either your eligibility for Medicaid is coded “AC” for Active, or your authorization period is currently active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Medicaid Office or call 1 (877) HRA-8411. If you applied for Medicaid benefits through a hospital or managed care program/organization, you will need to submit documentation on letterhead from that program/organization that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits that month. For Medicaid benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits, or indicates your case is active that month.

REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER

- E) For an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families(TANF)/Family Assistance or Safety Net Assistance benefits: Submit the **“PA Case Composition-Suffix/Individual Summary”** printout. This printout must verify that either your eligibility for Public/Cash Assistance is coded “AC” for Active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. If your case has been coded “SN” for Sanctioned, or if you recently applied for benefits and your case is coded “AP” for Application, you are not eligible to receive a fee waiver. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Office or call 1 (877) HRA-8411. For TANF/Family Assistance or Safety Net Assistance benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving TANF/Family Assistance or Safety Net Assistance benefits, or indicates your case is Active that month.
- F) For a participant certified eligible for a Workforce Investment Act program through New York City’s Workforce1 Career Centers: Submit documentation on letterhead from the Department of Small Business Services that is dated during the month for which you are applying for an exam and specifically indicates that you are a participant registered with the City’s Workforce1 Career Centers for that month. You may obtain this letter only by calling the New York City Department of Small Business Services at (212) 513-6406.
- G) For an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training, and has not previously received a Veterans Fee Waiver: Participants must have been discharged under honorable conditions from the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard only). The Veterans Exam Fee Waiver cannot be used retroactively for any exam for which you have already applied. Proper documentation must accompany your application. Mail a clear copy of your separation papers (Form DD214, long form) or a Statement of Service letter along with your application package. The Veterans Exam Fee Waiver is available for Promotion and Open Competitive exams. Please note that Veterans Preference Credits and the Veterans Exam Fee Waiver are two separate programs that have different purposes and criteria.

Include the **“REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER”** when you mail your application. You cannot request a Fee Waiver when applying on-line; Fee Waivers must be requested by mail. A separate request for a Fee Waiver must be included with each exam application you submit. Return the completed form(s) to MTA New York City Transit, Attention: Exam Fee Waiver, (please state the specific Exam Title and Exam Number), 180 Livingston Street, Room 4070, Brooklyn, NY 11201 by mail only. MTA New York City Transit will not accept applications in person from candidates, unless otherwise instructed by MTA New York City Transit personnel. An application for a particular exam must be postmarked no later than the last date of the application period for that exam.

Applications that are submitted without the required supporting documentation at the time of filing your application during the application period will be considered incomplete applications. Candidates whose applications are deemed incomplete will not be able to re-submit their applications to MTA New York City Transit once the filing period has closed, nor will they be permitted to take the test on the date scheduled.