ACD Subcommittee Application Form

**PURPOSE**

The purpose of the Subcommittee is to work with AAMVA membership, federal agencies, and other stakeholders to gather, organize, and share information with the AAMVA community related to the development, design, testing, use, and regulation of ACD codes, its related documentation and technologies. Based on the group’s research, guidance to assist member jurisdictions in the correct usage of the ACD codes will be developed and published.

After reviewing the required qualifications below, please complete this form if you are qualified and interested in serving on this subcommittee. AAMVA is seeking members who have ACD code usage experience relative to driver programs, law enforcement, policy, and legal expertise. Members serve a three-year term.

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Title or Rank | Click here to enter text. |
| Agency or Organization | Click here to enter text. |
| Name of Organizational Unit Within Agency | Click here to enter text. |
| Street Address | Click here to enter text. |
| City, Jurisdiction, Postal Code | Click here to enter text. |
| Work Phone Click here to enter text. | Email Address Click here to enter text. |

**APPLICANT QUALIFICATIONS (check all that apply):**

I have expertise specific to:

[ ]  Entering and maintaining driver history [ ]  The National Driver Register

[ ]  Driver violations and sanctions [ ]  Federal Motor Carrier Safety Regulations (i.e. 49 CFR parts 383, 384)

I am familiar with the contents and application of the:

[ ]  PDPS Master Specifications Manual [ ]  PDPS States Procedures Manual

[ ]  SPEXS Master Specifications Manual [ ]  S2S States Procedures Manual

[ ]  CDLIS Master Specifications Manual [ ]  CDLIS States Procedures Manual

[ ]  ACD Manual

[ ]  I am an IT subject matter expert.

**APPLICANT RESUME**

**Please provide a brief resume below or attach a separate file (limit to 500 words)**

Click here to enter text.

**APPLICANT EXPECTATIONS**

Applicants chosen to be a member of the Subcommittee must be willing to travel. It is anticipated that there will be in-person and/or virtual meetings during FY 2024. Subcommittee members will also be given writing and/or research assignments to complete. It is expected that members who volunteer for this subcommittee will complete the work in the amount of time agreed upon. In addition, conference calls will be scheduled on an as needed basis. Members are required to make a good faith effort to attend and actively participate in all subcommittee meeting(s) and conference calls and complete their assigned work. Active participation includes, but is not limited to, regularly attending monthly meetings, perform frequent outreach to representative states, providing feedback and casting votes when requested, and openly engaging in group discussions (offering knowledge, opinions, experience and challenges).

**AGREEMENT AND SIGNATURE**

As applicant, I affirm that I meet the qualifications and am willing to serve if selected.

|  |  |
| --- | --- |
| Applicant Name (printed) | Click here to enter text. |
| Applicant Signature | Click here to enter text. | Date: Click here to enter text. |

As supervisor, I authorize this applicant to serve if selected and I understand and support the applicant traveling to Subcommittee meetings and select AAMVA conferences. And as much as possible, to other conferences and meetings as needed to represent the Subcommittee.

|  |  |
| --- | --- |
| Supervisor Name (printed) | Click here to enter text. |
| Supervisor Signature | Click here to enter text. | Date: Click here to enter text. |

As chief administrator, I authorize this applicant to serve if selected and I understand and support the applicant traveling to Subcommittee meetings and select AAMVA conferences. And as much as possible, to other conferences and meetings as needed to represent the Subcommittee.

|  |  |
| --- | --- |
| Administrator Name (printed) | Click here to enter text. |
| Administrator Signature | Click here to enter text. | Date: Click here to enter text. |

**OUR POLICY**

It is the policy that all applicants must obtain the permission of their supervisor and chief administrator prior to submitting the application. **INCOMPLETE APPLICATIONS or APPLICATIONS NOT INCLUDING A SIGNATURE OR ACCOMPANYING AUTHORIZATION WILL NOT BE ACCEPTED.** *Electronic signatures are acceptable.*

**Please return the application to Member Services at** **committees@aamva.org****. If you have any questions about the subcommittee, please contact Tony Bauza (****tbauza@aamva.org****).**