Cyber/Digital Fraud Working Group Application Form

AAMVA is seeking to establish a new Cyber/Digital Fraud working group comprised of **approximately eight (8) jurisdiction members** with experience investigating cyber-crimes, enacting cyber-crime preventive measures, and/or experience responding to digital fraud. We are also seeking “Technical Advisors” representing companies or organizations that operate in the cyber/digital fraud space.

**PURPOSE**

The purpose of this *Working Group* is to collect information and educate key AAMVA staff and member volunteers on emerging cyber-fraud vulnerabilities as well as investigative tools and techniques to deter cyber fraud from occurring, and effectively detecting it when it does occur so those responsible can be arrested and prosecuted. As the *Working Group* gains adequate knowledge, they will come to consensus on the best deliverable(s) to serve the AAMVA membership. These may include a document titled *Best Practices for Preventing, Detecting and Investigating Cyber/Digital Fraud*, the framework for a Cyber/Digital Fraud pop-up class, and/or other deliverable(s) the group determines as representing the best path forward.

After reviewing the required qualifications below, please complete this form if you are qualified and interested in serving on this Working Group.

**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 (if applicable) | 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**

**I am applying as a** (*check one*)**:**

[ ]  Member of a Motor Vehicle Administration with cyber/digital fraud investigation experience.

[ ]  Member of a State or Provincial law enforcement agency with cyber/digital fraud investigation experience.

[ ]  A Technical Advisor representing a company or organization operating in the cyber/digital fraud space.

**APPLICANT RESUME**

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

Click here to enter text.

**APPLICANT EXPECTATIONS**

It is anticipated that there will be at least two in-person meetings and additional virtual meetings on an as needed basis during FY 2024. Working group members may also be given writing and/or research assignments to complete. It is expected that members who volunteer for this working group will complete the work in the amount of time agreed upon. Members are required to make a good faith effort to attend and actively participate in all working group meeting(s) and complete their assigned work.

**OUR POLICY**

All **AAMVA Jurisdiction applicants** must obtain the permission of their supervisor and chief administrator (*head of your motor vehicle or law enforcement agency*) prior to submitting the application.

**INCOMPLETE APPLICATIONS or APPLICATIONS NOT INCLUDING A SIGNATURE OR ACCOMPANYING AUTHORIZATION WILL NOT BE ACCEPTED.**

*If you cannot obtain a physical signature, we will accept an accompanying letter or email attachment from your supervisor and/or chief administrator. Please include these alternate documents as part of your submission.* Thank you!

**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 working group meetings and select AAMVA conferences. And as much as possible, to other conferences and meetings as needed to represent the working group.

|  |  |
| --- | --- |
| 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 working group meetings and select AAMVA conferences. And as much as possible, to other conferences and meetings as needed to represent the working group.

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

**APPLICATION SUBMISSION**

**Please return the application to Member Services at** **committees@aamva.org****.**

**If you have any questions about the working group,**

**please contact Tom Foster, Law Enforcement Program Manager at** **tfoster@aamva.org**