



CDL Conviction Reporting Resources for SDLAs and Courts Working Group Application Form

AAMVA is seeking to establish a new working group comprised of approximately 10 jurisdiction members with leadership and/or implementation experience related to planning for or operating during emergencies or disasters. Members will serve for the 2-year term of the group's operation.

PURPOSE

This project will establish a new working group to examine obstacles to the accurate and timely reporting of CDL convictions on driver history records. The group will convene subject matter experts from SDLAs, courts, and related stakeholder organizations to identify common challenges within the court-to-SDLA reporting process. During the first year, the working group will assess reporting issues across jurisdictions and produce a consensus report outlining key barriers and findings. In the second year, the group will reconvene to develop best practices and practical guidance to address those challenges. The resulting work will support the development of national training and resource materials for SDLAs and court partners and promote improved driver record completeness nationwide.

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		
Title or Rank		
Agency or Organization		
Name of Organizational Unit Within Agency		
Street Address		
City, Jurisdiction, Postal Code		
Work Phone	Email Address	

APPLICANT QUALIFICATIONS

I am a (check all that apply):

- DMV/MVA employee responsible for coordinating with courts or prosecutors.
- DMV/MVA employee responsible for recording CDL convictions or assuring driver history record accuracy.
- DMV/MVA supervisor responsible for any of these duties.

Please indicate your level of experience in a jurisdiction agency in the areas below:

Check one box for each subject area below:

	No Experience	Limited Experience	Very Knowledgeable	Subject Matter Expert
Commercial Driver Record History Accuracy and Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Motor Carrier Safety Regulation Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drafting Reports and/or Guidance Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDLIS Entry and Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Training or Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT RESUME

Please provide a brief resume (limit to 500 words)

APPLICANT EXPECTATIONS

This is a two-year commitment. It's anticipated there will be multiple virtual meetings and one in person meeting during both FY2026 and FY2027. Working group members will also receive 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. 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 working group meeting(s) and conference calls and complete assigned work.

AGREEMENT AND SIGNATURE

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

Applicant Name (printed)		
Applicant Signature		Date:

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)		
Supervisor Signature		Date:

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)		
Administrator Signature		Date:

OUR POLICY

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.** *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!

APPLICATION SUBMISSION

Please return the application to Member Services at committees@aamva.org by ___April 15___.

If you have any questions about the working group, please contact Kristen Shea at kshea@AAMVA.org.