Vehicle Title, Registration and Records Management Working Group Application Form

Applicants for the Vehicle Title, Registration and Records Management Working Group (Working Group) should be jurisdiction members with extensive experience working in or managing vehicle title, registration and/or records management programs within a motor vehicle agency (MVA).

Members of the Working Group will serve a two-year term.

**PURPOSE**

The purpose of the Working Group is to work within the AAMVA committee structure to research laws, rules, policies, and procedures related to vehicle titling, registration, and managing vehicle records. Members will collaborate with MVAs, and stakeholders to learn their needs and to understand how they interact with vehicle titles, registrations, and associated vehicle records. This information will inform Working Group members of practices and protocols in place so they can analyze and develop guidance and best practices in this area that most widely benefit members and stakeholders.

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 | 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 extensive experience in motor vehicle titling and registration

I have extensive experience in vehicle records management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Fair | Good | Advanced |
| **Public Speaking Experience** | Develops & gives presentations | Develops & gives presentations | Develops & gives presentations | Develops & gives presentations |
| **Report Writing Experience** | Drafts & edits reports | Drafts & edits reports | Drafts & edits reports | Drafts & edits reports |

**APPLICANT RESUME AND EXPERIENCE**

**Please provide a resume and brief explanation of your qualifications in vehicle registration, titling and/or records management. You may type below (limit to 500 words) or attach a separate file.**

Click here to enter text.

**APPLICANT EXPECTATIONS**

Applicants chosen to be a member of the Working Group must be willing to travel. It is anticipated that there will be both virtual meetings and two (2) in-person meetings during FY2026. Working Group members will 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. In addition, conference calls are scheduled once a month and additional 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 meetings and conference calls and complete their assigned work.

**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. |

**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.

**APPLICATION SUBMISSION**

**Please return the application to Member Services at** [**committees@aamva.org**](mailto:committees@aamva.org)**. If you have any questions about the working group, please contact Marcy Coleman at mcoleman@aamva.org.**