Ignition Interlock Working Group Application Form

AAMVA is seeking to establish a new ignition interlock working group comprised of **approximately eight (8) jurisdiction members** with experience in managing, supervising, and/or conducting investigations related to ignition interlock program administration or enforcement. We are also seeking some “Technical Advisors” representing companies or organizations that operate in the ignition interlock space.

**PURPOSE**

The working group will revise the 2018 *Ignition Interlock Program Best Practices Guide*. In so doing, they will conduct a gap analysis comparing AAMVA’s 2018 published Ignition Interlock Program Best Practices Guide and the latest research and best available BAIID program administration practices. In addition, they will recommend a model for jurisdiction reciprocity practices which facilitates ignition interlock participation while ensuring individuals having ignition interlock requirements cannot circumvent those requirements by moving from one jurisdiction to another. This may, at least in part, include an AAMVA-driven technology solution.

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 Ignition Interlock program responsibilities.

[ ]  Member of a State or Provincial law enforcement agency with Ignition Interlock program or enforcement responsibilities.

[ ]  A Technical Advisor representing a company or organization operating in the ignition interlock 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 virtual meetings and at least one in-person meeting during FY 2023. 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. 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 Brian Ursino, Director, Law Enforcement at** **bursino@aamva.org**