Facial Recognition (FR) Working Group Technical Advisor Application Form

AAMVA has established a new working group comprised of ten (10) jurisdiction members with experience in Facial Recognition and Fraud. The working group is also seeking associate members from the Biometrics/Facial Recognition field to serve as Technical Advisors.

**PURPOSE**

The FR Working Group will conduct an analysis of and revise AAMVA’s Facial Recognition Best Practices Guide (December 2019) and prepare the document for publication.

After reviewing the required qualifications below, please complete this form if you are qualified and interested in serving as a technical advisor to 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. | |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Describe your experience (including number of years) working with facial recognition technologies and programs. | Click here to enter text. | | | | |
| What interests you most about becoming a member of the working group? | Click here to enter text. | | | | |
| *Please select one for each question below.* | None | Fair | Average | Good | Advanced |
| Please rate your familiarity and understanding of AAMVA’s Facial Recognition (FR) Best Practices Guide. |  |  |  |  |  |
| Please rate your familiarity and understanding of AAMVA’s Best Practices for the Deterrence and Detection of Fraud. |  |  |  |  |  |
| Please rate your familiarity and understanding of Facial Recognition technology. |  |  |  |  |  |
| Please rate your familiarity and understanding of Jurisdictional use of Facial Recognition for Credential Issuance. |  |  |  |  |  |
| Please rate your familiarity and understanding of Jurisdictional use of Facial Recognition for Motor Vehicle processes. |  |  |  |  |  |
| Please rate your familiarity and understanding of Jurisdictional use of Facial Recognition for Criminal Justice Agencies. |  |  |  |  |  |

**APPLICANT RESUME**

**Please provide a brief summary of your Facial Recognition expertise below or attach a separate file (limit to 500 words).**

Click here to enter text.

**APPLICANT EXPECTATIONS**

Interested applicants should ensure they have the availability and commitment to serve on the FR Working Group through FY2025. Applicants must be willing and able to commit sufficient time both in and outside of scheduled meetings to fulfill their member responsibilities. The FR Working Group will have both virtual and in person meetings.

Members are required to make a good faith effort to attend and actively participate in all Working Group meetings. Active participation includes but is not limited to attending virtual and in person meetings, providing feedback/approval when requested, and openly engaging in group discussions (offering knowledge, opinions, experience, and challenges). Working Group members will also be given writing, research, and outreach assignments to complete. It is expected that members who volunteer for this group will complete the work and perform the outreach in the agreed upon timeframe.

Members unable to attend a particular meeting are expected to inform the group’s Project Manager in advance of the meeting, and to review those meeting materials posted on SharePoint site in advance of the next meeting. Members are not permitted to allow/request someone else to attend on their behalf.

Technical Advisors must ensure that they are not representing their own interests and needs, but the interests and needs of all jurisdictions as a whole.

**OVERVIEW OF UPDATES TO THE DOCUMENT**

**Please provide a summary of the updates you feel should be addressed below or attach a separate file (limit to 500 words).**

Click here to enter text.

**AGREEMENT AND SIGNATURE**

As an 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. |

**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.**

**Please return the application to Member Services at** [**committees@aamva.org**](mailto:committees@aamva.org) **by Monday, March 31st, 2025.**

**If you have any questions about the Working Group, please contact: Ryan Williams (**[**rbwilliams@aamva.org**](mailto:rbwilliams@aamva.org)**) or Mindy Stephens (**[**mstephens@aamva.org**](mailto:mstephens@aamva.org)**).**