Facial Recognition (FR) Working Group Application Form

AAMVA is seeking to establish a new working group comprised of approximately nine (9) 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 on this subcommittee.

**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**

|  |  |
| --- | --- |
| 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  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**APPLICANT RESUME**

**Please provide a brief resume 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 fill 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 amount of time agreed upon.

Members unable to attend a particular meeting, will be expected to let the Project Manager for the group know 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.

Working Group members must be open minded and ensure that they are not only representing their own jurisdiction’s interests and needs, but the interests and needs of all jurisdictions as a whole.

**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 subcommittee.

|  |  |
| --- | --- |
| 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 subcommittee.

|  |  |
| --- | --- |
| 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.**

**Please return the application to Member Services at** **committees@aamva.org** **by Friday November 1st, 2024.**

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