Employee Safety & Security Working Group Application Form

AAMVA is seeking to establish a new working group comprised of **approximately twelve (12) jurisdiction members** with experience in any of the following: law enforcement, managing in-person MVA operations, working with issues related to First Amendment Auditors, CPTED, and/or training experience relating to active shooter threats. The working group may also seek associate members to serve as Technical Advisors.

**PURPOSE**

This Working Group, based on input from members and technical advisors, will publish no later than September 30, 2025, an MVA Employee Safety & Security Best Practice(s) document.

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. | |
| 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** (*check one*)**:**

An attorney with experience dealing with issues related to First Amendment Auditors

A member with expertise in CPTED – Crime Prevention Through Environmental Design

A sworn law enforcement officer

A member with training expertise relating to active shooter and other business disruptions involving threats of violence

A member with expertise in managing in-person MVA operations and effectively managing disruptions from groups like First Amendment Auditors  
 A technical advisor

**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/or in-person meetings during FY 2025. 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 (*overall head of your motor vehicle or law enforcement agency, i.e. Commissioner, Registrar, Director, etc*.) 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**](mailto:committees@aamva.org).

**If you have any questions about the working group,**

**please contact Patrick Fernan, Vice President, Driver Programs & Services at** [**pfernan@aamva.org**](mailto:pfernan@aamva.org)**.**