NMVTIS State Program Subcommittee Application Form

Applicants for the NMVTIS State Program Subcommittee should be jurisdiction member NMVTIS business or **IT subject matter experts** who have:

* Experience with their jurisdiction’s NMVTIS policies and procedures
* Knowledge of system applications used for their jurisdiction’s program and helpdesk
* Hands-on experience with and knowledge of NMVTIS transactions

Members serve a three-year term.

**PURPOSE**

The purpose of the Subcommittee is to work within the AAMVA standing committee structure to make recommendations, and resolve vehicle, title, registration, and brand issues as they pertain to NMVTIS. The Subcommittee also engages in efforts involving technology changes that may impact the NMVTIS program.

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 (check all that apply):**

[ ]  I am a NMVTIS subject matter expert with focus on business processes

[ ]  I am a NMVTIS subject matter expert with a focus on IT

[ ]  My state NMVTIS participation method is (check all that apply)

[ ]  Fully integrated online [ ]  Partially Integrated (Batch/SWI)

[ ]  Fully Batch [ ]  In Development

I am the NMVTIS business point of contact for my state: [ ]  Yes [ ]  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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**

**Please provide a brief resume below or attach a separate file (limit to 500 words)**

Click here to enter text.

**APPLICANT EXPECTATIONS**

Applicants chosen to be a member of the Subcommittee must be willing to travel. It is anticipated that there will be both virtual meetings and in-person meetings during FY2024. Subcommittee members will also be given writing and/or research assignments to complete. It is expected that members who volunteer for this Subcommittee 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 Subcommittee meeting(s) 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 Subcommittee 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 Subcommittee 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.** Electronic signatures are acceptable.

**APPLICATION SUBMISSION**

**Please return the application to Member Services at** **committees@aamva.org****. If you have any questions about the subcommittee, please contact Marcy Coleman at mcoleman@aamva.org.**