CSTIMS Subcommittee Application Form

AAMVA is seeking jurisdiction members to fill vacancies on the Commercial Skills Test Information Management System (CSTIMS) Subcommittee. Applicants must have CDL program experience and expertise/experience with the CSTIMS application. Members will serve a three-year term.

**PURPOSE**

The purpose of the CSTIMS Subcommittee is to provide guidance and recommendations on improvements, enhancements, and changes related to the CSTIMS application and its use. The Subcommittee will address known service limitations, prioritize enhancement needs, and identify opportunities for improving the application and associated operational procedures and best practices.

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 have experience specific to:**

[ ]  Conducting the CDL Skills Test [ ]  Training State examiners or Third Party Examiners on CDL test administration

[ ]  Being a CDL test auditor [ ]  A thorough knowledge of CDL program and 2005 CDL Testing System

**I use the CSTIMS application to/for:**

[ ]  Schedule CDL tests [ ]  Enter CDL test results [ ]  Third Party CDL Skills testing

[ ]  Manage Examiners Training [ ]  Enter audit information for Organizations and Examiners

[ ]  Generate reports provided by CSTIMS

[ ]  I am an IT subject matter expert.

 **APPLICANT RESUME**

**Please provide a brief resume (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 in FY24. 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 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. Active participation includes but is not limited to: regularly attending monthly meetings, perform frequent outreach to representative states, providing feedback and casting votes when requested, and openly engaging in group discussions (offering knowledge, opinions, experience and challenges).

**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.*

**Please return the application to Member Services at** **committees@aamva.org****. If you have any questions about the subcommittee, please contact the project manager, Sri Prakash (sprakash@aamva.org).**