Multi-Stage Vehicle Working Group Application Form

AAMVA is seeking to establish a new Multi-Stage Vehicle Working Group comprised of **five (5) jurisdiction members**. We are seeking **motor vehicle agency members** with experience in managing, supervising or investigating the titling/registration or vehicle dealer regulatory process for vehicles that are constructed in two or more phases where an incomplete vehicle produced by one manufacturer is completed by another manufacturer.

**PURPOSE**

The working group will develop a Best Practice Document addressing issues specific to multi-stage vehicles. In doing so, the working group will:

* Define a multi-stage vehicle and related terms
* Research VIN issues specific to multi-stage vehicles, such as vehicles with multiple VINs, and determining which VIN and Make to include on the final title
* Determine best practices for titling and registering these vehicles
* Develop potential guidance for dealer and manufacturer licensing requirements
* Identify potential downstream effects of registration and titling decisions in the areas of vehicle warranties and safety recalls

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. |
| Name of Organizational Unit Within Agency (if applicable) | 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):**

[ ]  Member of a Motor Vehicle Agency responsible for managing/supervising the process for titling and registration of multi-stage vehicles.

[ ]  Member of a Motor Vehicle Agency responsible for managing/supervising the vehicle dealer license regulatory process.

[ ]  Member of a Motor Vehicle Agency responsible for investigating cases involving the titling and registration of multi-stage vehicles or enforcement of vehicle dealer licensing regulations.

**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 at least one in-person meeting 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 (*head of your motor vehicle agency*) 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****.**

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

**please contact Marcy Coleman, Manager, Vehicle Programs and Services at** **mcoleman@aamva.org****.**