Card Design Standard (CDS) Subcommittee Application Form

AAMVA is seeking to fill **three** vacancies on the Card Design Standard (CDS) Subcommittee. Preference may be given to jurisdiction members from Region 1, Region 3, and law enforcement. Members serve a three-year term.

**PURPOSE**

The CDS Subcommittee primarily provides a voice for AAMVA jurisdictions regarding standards efforts with other organizations to standardize the means to confidently identify a person or confirm identity primarily in support of road traffic law enforcement. This includes creating and updating DL/ID standards to improve customer service, security and safety while emphasizing privacy protection measures.

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 physical document security and card design? | Click here to enter text. | | | | |
| What interests you most about becoming a member of the Subcommittee? | 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 DL/ID Card Design Standard (CDS) |  |  |  |  |  |
| Please rate your familiarity and understanding of AAMVA’s Design Principles and Guidelines for Secure DL/ID Cards (SCDP) |  |  |  |  |  |

**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 CDS Subcommittee for three years (beginning October 1 of first year). Applicants must be willing and able to commit sufficient time both in and outside of scheduled meetings to fill their member responsibilities. Currently, the CDS Subcommittee meets virtually once a month, and in person twice a year.

Members are required to make a good faith effort to attend and actively participate in all subcommittee 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). Subcommittee members will also be given writing, research, and outreach assignments to complete. It is expected that members who volunteer for this subcommittee 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.

Subcommittee 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.** *Electronic signatures are acceptable.*

**Please return the application to Member Services at** [**committees@aamva.org**](mailto:committees@aamva.org)**. If you have any questions about the subcommittee, please contact: Mindy Stephens (**[**mstephens@aamva.org**](mailto:mstephens@aamva.org)**).**