



Advisory Committee Application

Information

The information provided on this form may be revealed publicly.

If you are interested in serving as a member on one of Texas Department of Motor Vehicles (TxDMV) advisory committees, complete this form and email to: GCO_General@TxDMV.gov or fax to (512) 465-4112 or mail to Texas Department of Motor Vehicles, Attn: Office of General Counsel, 4000 Jackson Ave., Austin, Texas 78731. If you have any questions about applying to be an advisory committee member, email Appointments@TxDMV.gov or contact the Office of General Counsel at (512) 465-5665.

Advisory Committee(s) Applied For

- | | |
|---|---|
| <input type="checkbox"/> Customer Service and Protection Advisory Committee | <input type="checkbox"/> Motor Carrier Regulation Advisory Committee |
| <input type="checkbox"/> Motor Vehicle Industry Regulation Advisory Committee | <input type="checkbox"/> Vehicle Titles and Registration Advisory Committee |

Biographical Information

First Name	Middle Name	Last Name		
		Cell Phone		
Date of Birth	How long have you been a Texas resident?	Home Phone		
		Work Phone		
Home Address: Street	City	State	Zip Code	County
Email Address				
TxDMV may release my email address in response to public information requests? Yes No - Do not agree*				

*Any email address linked to a governmental entity cannot be withheld if requested under the Public Information Act.

Employment Information

Employer/Elected Office	Job Title		
Employer Address: Street	City	State	Zip Code
Job Responsibilities:			

Education/Training

Technical, Vocational, or Business School	Type of Degree	Field of Study
Undergraduate College or University	Type of Degree	Field of Study
Graduate College or University	Type of Degree	Field of Study



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Professional Memberships:
Volunteer Experience:

Area of Experience or Expertise
Check box beside areas of experience or expertise.
<input type="checkbox"/> Consumer Issues <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Motor Vehicle Dealer <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Salvage Dealer <input type="checkbox"/> Motor Vehicle Licensing <input type="checkbox"/> Vehicle Titles <input type="checkbox"/> Other
Please describe how your experience will contribute to your service on a board or committee.

Background Information	
If you answer YES to any of the following questions, please provide explanations on a separate sheet.	
1. Have you ever had any fines, suspension, or revocations taken against an occupational license that you hold that was issued by the Texas Department of Motor Vehicles (TxDMV)?	Yes No
2. Do you have any unpaid fines related to an occupational license issued by the TxDMV?	Yes No
3. Are you currently licensed by the department?	Yes No
I affirm the information on this form is true, accurate, and complete.	
Signature Required	Date

Email Addresses

Under most circumstances, individual email addresses are protected by the Texas Public Information Act. Sharing this information for purposes of processing your information does not waive these confidentiality protections. However, you may affirmatively consent to release of your email address in response to a public information request or inquiry. If you would like more information about the public or confidential nature of information maintained by TxDMV, please consult our Open Records Policy and our Website Privacy Policy. This format is encrypted to meet privacy requirements.