<h1 style="text-align:center"><u>Attachment C</u>
Sample Onboarding Form Screenshots</h1>

Upon OMB approval, the below public burden statement will be added to the first page of the form:

> Under the Paperwork Reduction Act, a Federal agency may not conduct or sponsor, and a person is not required to respond to collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control number. The OMB Control Number for this information collection is 2127-NEW (expiration date: MM/DD/YYYY). NHTSA estimates that each State or local participant will spend approximately 30 hours per year providing information to the AV TEST Initiative and estimates that each private industry participant will spend approximately 48 hours per year providing information to the AV TEST Initiative. All responses to this collection of information are voluntary. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden send them to Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590.

> NHTSA Form 1587

Additionally, "OMB Control Number: 2127-XXXX | Expiration Date: XX/XX/XXXX" will be added to the bottom of the form.

US Department of Transportation (DOT) Transparency & Engagement for Safe Testing (TEST) Initiative **Participant Information Form**

Access will be restricted to approved personnel who have been sponsored by US DOT personnel. For more information, please contact your federal program sponsor using ADSInformationDesk@dot.gov.

NHTSA

Use the fields below to add information on up to 3 individual users (including 1 primary point of contact) and their respective roles in the Automated Vehicle (AV) Transparency & Engagement for Safe Testing (TEST) (AV TEST) program. Users will log-in to the participant portal utilizing a MAX.gov authentication as a service credential. If the user(s) applying below do not currently have a MAX.gov account, a NHTSA program representative will sponsor this access and notify the user(s) when the credential is provisioned.

User 1

Name	Email Address	Primary Phone #	Work Address (if other than Organization's Address)

Description of Role in the AV Program	Permission	Primary Point of Contact?	Max.gov Login already exists?
	Select One ∨	○	☐

User 2

Name	Email Address	Primary Phone #	Work Address (if other than Organization's Address)

Description of Role in the AV Program	Permission	Primary Point of Contact?	Max.gov Login already exists?
	Select One ∨	○	☐

User 3

Name	Email Address	Primary Phone #	Work Address (if other than Organization's Address)

Description of Role in the AV Program	Permission	Primary Point of Contact?	Max.gov Login already exists?
	Select One ∨	○	☐

NOTE: All information submitted to NHTSA could be made publicly available. **Do not submit confidential business information (CBI) or personally identifiable information (PII) in your submission.** NHTSA will NOT redact CBI information from any submission.

US Department of Transportation (DOT) Transparency & Engagement for Safe Testing (TEST) Initiative **Participant Information Form**

Access will be restricted to approved personnel who have been sponsored by US DOT personnel. For more information, please contact your federal program sponsor using ADSInformationDesk@dot.gov.

NHTSA

Use the fields below to add information on up to 3 individual users (including 1 primary point of contact) and their respective roles in the Automated Vehicle (AV) Transparency & Engagement for Safe Testing (TEST) (AV TEST) program. Users will log-in to the participant portal utilizing a MAX.gov authentication as a service credential. If the user(s) applying below do not currently have a MAX.gov account, a NHTSA program representative will sponsor this access and notify the user(s) when the credential is provisioned.

User 4

Name	Email Address	Primary Phone #	Work Address (if other than Organization's Address)

Description of Role in the AV Program	Permission	Primary Point of Contact?	Max.gov Login already exists?
	Select One ∨	○	☐

User 5

Name	Email Address	Primary Phone #	Work Address (if other than Organization's Address)

Description of Role in the AV Program	Permission	Primary Point of Contact?	Max.gov Login already exists?
	Select One ∨	○	☐

User 6

Name	Email Address	Primary Phone #	Work Address (if other than Organization's Address)

Description of Role in the AV Program	Permission	Primary Point of Contact?	Max.gov Login already exists?
	Select One ∨	○	☐

Submit