

DEPUTY REGISTRAR

REQUEST FOR PROPOSALS

2016 FORMS

AND

INSTRUCTIONS

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name _____

Proposer Number (BMV use only) _____

INSTRUCTIONS: You must submit one original and one copy of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original and one copy of these forms are required. Please place these forms in a separate envelope marked "Personal Documents."

| INDIVIDUAL | ✓ | BMV | COUNTY AUDITOR OR CLERK OF COURTS | ✓ | BMV | NONPROFIT CORPORATION | ✓ | BMV |
|---|---|-----|--|---|-----|---|---|-----|
| Form 3.0 Personal Checklist (this form) | | | Form 3.0 Personal Checklist (this form) | | | Form 3.0 Personal Checklist (this form) | | |
| Form 3.1 Personal Questionnaire | | | Form 3.1 Personal Questionnaire | | | Form 3.1 Personal Questionnaire | | |
| Form 3.2 Business and Employment Experience | | | Forms 3.2 Business and Employment Experience | | | Forms 3.2 Business and Employment Experience | | |
| Form 3.3 Customer Service Experience | | | Form 3.3 Customer Service Experience | | | Form 3.3 Customer Service Experience | | |
| Form 3.4 Start-Up Cost Funds on Deposit | | | N/A | X | 1 | Form 3.4 Start-Up Cost Funds on Deposit | | |
| Form 3.5 Political Contributions Report | | | N/A | X | 1 | Form 3.5 Political Contributions Report Nonprofit Corporation | | |
| N/A | X | 1 | N/A | X | 1 | Form 3.5 Political Contributions Report Chief Executive Officer | | |
| Form 3.6 Personnel Policy Summary | | | Form 3.6 Personnel Policy Summary | | | Form 3.6 Personnel Policy Summary | | |
| Comprehensive Personnel Policy | | | Comprehensive Personnel Policy | | | Comprehensive Personnel Policy | | |
| Form 3.7 Security Plan Summary | | | Form 3.7 Security Plan Summary | | | Form 3.7 Security Plan Summary | | |
| Form 3.8 Facility Maintenance Plan Summary | | | Form 3.8 Facility Maintenance Plan Summary | | | Form 3.8 Facility Maintenance Plan Summary | | |
| Form 3.9 Involved and Invested in Your Business | | | Form 3.9 Involved and Invested in Your Business | | | Form 3.9 Involved and Invested in Your Business | | |
| Form 3.10(A) Affidavit of Individual | | | Form 3.10(B) Affidavit of Auditor or Clerk of Courts | | | Form 3.10(C) Affidavit of Nonprofit Corporation | | |
| 2016 Credit Report | | | N/A | X | 1 | 2016 Certificate of Good Standing | | |
| 2016 Local Law Enforcement Report | | | 2016 Local Law Enforcement Report | | | Articles of Incorporation | | |
| 2016 WebCheck Receipt | | | 2016 WebCheck Receipt | | | N/A | X | 1 |
| Pre-approval Statement for \$25,000 Bond | | | Current Bond with BMV added as Additional Insured | | | Pre-approval Statement for \$25,000 Bond | | |
| INDIVIDUAL | | | COUNTY AUDITOR OR CLERK OF COURTS | | | NONPROFIT CORPORATION | | |

3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations):

2. Full legal name of proposer _____

3. Proposer's street address _____

City _____ State _____ Zip code _____

4. County of residence (nonprofit corporation county of operation) _____

5. Daytime telephone () _____ Home telephone () _____

6. Proposer's driver's license number (nonprofit corporation N/A) _____

7. Spouse's name (nonprofit corporation N/A) _____

8. Spouse's home street address (nonprofit corporation N/A) _____

City _____ State _____ Zip code _____

9. Are you proposing as the owner of a minority business enterprise (MBE)? No _____ Yes _____

10. Proposer is (check one and follow instructions):

_____ An **individual person**. These forms are designed to be self-explanatory for Proposers proposing as individual persons. Answer all questions as they apply to you personally. If a question does not apply to you, enter "N/A" or "Not applicable";

_____ The **Clerk of Courts** of _____ County;

_____ The **County Auditor** of _____ County. Answer all questions as they apply to you and your position as Clerk of Courts or County Auditor. If a question does not apply to you or your position, enter "N/A" or "Not applicable";

_____ A **nonprofit corporation (NPC)**. An officer or an authorized agent should answer all questions and sign all documents on behalf of the NPC. The answers must refer to the NPC itself and not to the individual officers, agents, or employees of the NPC, unless otherwise specified. Many questions are not applicable to nonprofit corporations. To assist your responses, we have marked those questions "NPC N/A" meaning we believe the marked question is not applicable to most nonprofit corporations. Please answer all other questions unless clearly inapplicable.

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)

Yes _____ No _____

B. If YES, in what elective office are you serving? _____

C. If YES, date that you plan to leave this office? _____

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)

Yes _____ No _____

B. If YES, what office? _____

13. A. Are you currently a deputy registrar?

Yes _____ No _____

B. If YES, on what date does your contract expire? _____

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?

No _____ Yes _____

14. A. Is your spouse currently a deputy registrar? (NPC N/A)

Yes _____ No _____

B. If YES, on what date does your spouse's contract expire? _____

15. A. Does any member of your family, including your spouse, parent, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law currently hold a deputy registrar contract? (NPC N/A)

Yes _____ No _____

B. If YES, list their name, relationship to you, whether you share the same household, and date their contract expires here:

| Name | Relationship | Same Household | | Contract Expires |
|-------|--------------|----------------|----------|------------------|
| _____ | _____ | Yes _____ | No _____ | _____ |
| _____ | _____ | Yes _____ | No _____ | _____ |
| _____ | _____ | Yes _____ | No _____ | _____ |
| _____ | _____ | Yes _____ | No _____ | _____ |

16. A. To the best of your knowledge, will any member of your extended family (same relatives as question 15) submit a proposal in response to this RFP? (NPC N/A)

Yes _____ No _____

B. If YES, list their name, relationship to you, and whether you share the same household:

| Name | Relationship | Same Household | |
|-------|--------------|----------------|----------|
| _____ | _____ | Yes _____ | No _____ |
| _____ | _____ | Yes _____ | No _____ |
| _____ | _____ | Yes _____ | No _____ |
| _____ | _____ | Yes _____ | No _____ |

17. A. Is any member of your extended family (same relatives in question 15) employed by the Ohio Department of Public Safety, the State Highway Patrol, or the Bureau of Motor Vehicles? (NPC N/A)

Yes _____ No _____

B. If YES, list their name, relationship to you, and the date they became so employed:

| Name | Relationship | Employment Date |
|-------|--------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.)

No _____ Yes _____

B. If NO, are you applying as a Clerk of Courts or County Auditor?

No _____ Yes _____

19. A. Are you an employee of the State of Ohio? (NPC N/A)

Yes _____ No _____

B. If "YES," will you resign, if appointed?

No _____ Yes _____

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A)

Yes _____ No _____

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

Yes _____ No _____

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

Yes _____ No _____

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

No _____ Yes _____

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

No _____ Yes _____

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma? No _____ Yes _____

High school name _____

City _____ State _____ Zip _____

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

26. Computer experience. Does Proposer have any training or experience working with or using computers? (Incumbent deputy registrars may take credit for operating BMV computers. For nonprofit corporations, this question should be answered for computer systems operated or used in the nonprofit corporation's activities.)

No _____ Yes _____

| If YES, list types of use or experience | Home Use | | Business Use | |
|---|----------|-----------|--------------|-----------|
| Accounting or financial use (specify): _____ | No _____ | Yes _____ | No _____ | Yes _____ |
| Word processing use (specify): _____ | No _____ | Yes _____ | No _____ | Yes _____ |
| Email/messaging use (specify): _____ | No _____ | Yes _____ | No _____ | Yes _____ |
| Tax preparation use (specify): _____ | No _____ | Yes _____ | No _____ | Yes _____ |
| Other (specify): _____ | No _____ | Yes _____ | No _____ | Yes _____ |
| Attended training (specify): _____ | No _____ | Yes _____ | No _____ | Yes _____ |

27. Please provide the requested information for at least two, but no more than five, persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.

A. Name _____ Daytime telephone number () _____
City _____ State _____ Zip _____

List any special instructions for contacting this person during business hours:

B. Name _____ Daytime telephone number () _____
City _____ State _____ Zip _____

List any special instructions for contacting this person during business hours:

C. Name _____ Daytime telephone number () _____
City _____ State _____ Zip _____

List any special instructions for contacting this person during business hours:

D. Name _____ Daytime telephone number () _____
City _____ State _____ Zip _____

List any special instructions for contacting this person during business hours:

E. Name _____ Daytime telephone number () _____
City _____ State _____ Zip _____

List any special instructions for contacting this person during business hours:

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE
FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE
FORM 3.2(C) EMPLOYEE EXPERIENCE

Instructions

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience.

Nonprofit corporations must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fund raising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

Form 3.2(A) Business Ownership Experience. Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

Form 3.2(B) Management and/or Supervisory Experience. Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

Form 3.2(C) Employee Experience. Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

Instructions. Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business owned. *Please make additional copies of this form as necessary.*

Proposer's name _____ Company name _____

Company address _____ City _____

State _____ Zip _____ Telephone () _____

Type of business (deputy registrar, retail grocery, etc.) _____

Company's products and/or services _____

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): _____

1. Federal Tax ID Number: _____

2. Percentage of business you owned: _____% Hours worked weekly _____

3. Dates you operated this business: From: month ____ year ____ To: month ____ year ____

4. Is/was this business profitable? No _____ Yes _____

5. Is/was this business your primary source of income and support? No _____ Yes _____

6. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes _____

7. Do/did you directly manage employees on a daily basis? No _____ Yes _____

If you answered yes to question number 6, how many employees do/did you manage? _____

8. Have you ever developed a comprehensive business plan? No _____ Yes _____

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

| Name | City | State | Zip | Daytime Phone |
|-------|-------|-------|---------------------|---------------|
| _____ | _____ | _____ | _____ () _____ | _____ |
| _____ | _____ | _____ | _____ () _____ | _____ |
| _____ | _____ | _____ | _____ () _____ | _____ |

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

Instructions. Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

Proposer's name _____ Company name _____

Company address _____ City _____

State _____ Zip _____ Telephone () _____

Type of business (deputy registrar, retail grocery, etc.) _____

Management/supervisory duties _____

MANAGER OR SUPERVISOR - Job title: _____

1. Title of position _____ Hours worked weekly? _____

2. Dates this position was held: From: month ____ year ____ To: month ____ year ____

3. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes _____

4. Do/did you directly manage/supervise employees on a daily basis? No _____ Yes _____

If you answered yes to question number 4, how many employees do/did you manage? _____

5. Have you ever developed a comprehensive business plan? No _____ Yes _____

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

| Name | City | State | Zip | Daytime Phone |
|-------|-------|-------|---------------------|---------------|
| _____ | _____ | _____ | _____ () _____ | _____ |
| _____ | _____ | _____ | _____ () _____ | _____ |
| _____ | _____ | _____ | _____ () _____ | _____ |

3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name _____ Company name _____

Company address _____ City _____

State _____ Zip _____ Telephone () _____

Type of business (deputy registrar, retail grocery, etc.) _____

EMPLOYEE - Job title: _____

Hours worked weekly _____ Job duties _____

Dates of this employment: From: month _____ year _____ To: month _____ year _____

Describe how and to what extent **you provided high quality customer service** at this position:

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

| Name | City | State | Zip | Daytime Phone |
|-------|-------|-------|---------------------|---------------|
| _____ | _____ | _____ | _____ () _____ | _____ |
| _____ | _____ | _____ | _____ () _____ | _____ |
| _____ | _____ | _____ | _____ () _____ | _____ |

3.3 CUSTOMER SERVICE EXPERIENCE

Instructions. Please give us an example of something you have done as part of your job or business to improve services for your customers, and give us a list of ideas you have to improve customer service at your deputy registrar agency. You will only receive full credit if you demonstrate customer service awareness in both categories.

A. This is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

B. This is a list of ideas I have to improve customer service at my deputy registrar agency if I am awarded a contract (Please be specific) and/or this is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

3.4 START-UP COST FUNDS ON DEPOSIT
(Not required for County Auditors or Clerks of Court)

Proposer's Name: _____

I certify that the following funds are now on deposit in a bank, savings and loan or credit union. (Brokerage accounts, mutual funds, stocks, lines of credit, credit cards, etc. are not acceptable.) The deposit amount must be equal to or exceed the amount listed as your total start-up costs on Form 4.4.

Account Owner's Name: _____

(Account must be owned by the Proposer in the Proposer's individual or business name. No other person's name, except the Proposer's spouse, if any, may appear on the account.)

Bank Name: _____

Bank Address: _____ Bank City: _____

Bank State: _____ Bank Zip: _____ Bank Phone: () _____

Account Number: _____ Total Funds on Deposit: \$ _____

(The total funds on deposit amount must be equal to or exceed the amount listed as your total start-up costs on Form 4.4.)

Bank or Teller's Official Stamp: _____

Teller's Signature: _____ Date: _____

(Not valid without official stamp of financial institution and signature of teller.)

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

Instructions You must report on the following page whether you and your immediate family together gave more than \$100.00 to any political party or to certain individual candidates during any one of the last three calendar years and so far this year.

"Immediate family" means you, a spouse residing with you, and any dependent children. You must add together all contributions you, your spouse, and your dependent children made to each separate party or each separate candidate during each calendar year.

"Political party" means each separate political party and includes any political action committee (PAC) and any "continuing association" which are connected to that political party. "Political party" includes all levels of that party, federal, state, county, and local.

"Candidate" includes both the candidate and any of that candidate's campaign committees. You must report only for candidates for the following offices: Ohio governor, attorney general, secretary of state, treasurer of state, auditor of state, state senator or state representative. You are not required to report any contributions to federal, county, local, or judicial candidates.

"More than \$100.00" means any amount exceeding \$100.00, starting with \$100.01. A contribution of exactly \$100.00 or less is acceptable. Contributions include the value of any "in-kind" contributions.

County Auditors and Clerks of Court are exempt from this requirement and need not file this Report of Political Contributions.

Nonprofit Corporations must submit one report for the nonprofit corporation itself and one report for the chief executive officer (C.E.O.) who has, or will have, primary responsibility for the nonprofit corporation's operation of the deputy registrar agency. There is only one copy of this report in this package. Nonprofit corporations must make a second copy and submit one copy for the nonprofit corporation itself and one for the C.E.O. who will be responsible for the operation of the deputy registrar agency.

Name: _____

Title (if officer of nonprofit corporation): _____

(A nonprofit corporation must submit two separate reports: one for the nonprofit corporation itself, and one for its chief executive officer)

Did you and your immediate family together give more than \$100.00 to any of the following during any one of the years listed? You must place a check mark "✓" in the appropriate box, "yes" or "no" for each category and year separately.

| RECIPIENT | JAN 1 - DEC 31 2013 | | JAN 1 - DEC 31 2014 | | JAN 1 - DEC 31 2015 | | 2016 To Date | |
|--|------------------------|----|------------------------|----|------------------------|----|-----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Democratic Party including PACs and Associations | | | | | | | | |
| Republican Party including PACs and Associations | | | | | | | | |
| Any other Party including PACs and Associations | | | | | | | | |
| Governor, Candidate and Committee | | | | | | | | |
| Attorney General, Candidate and Committee | | | | | | | | |
| Secretary of State, Candidate and Committee | | | | | | | | |
| Treasurer of State, Candidate and Committee | | | | | | | | |
| Auditor of State, Candidate and Committee | | | | | | | | |
| State Senator, Candidate and Committee | | | | | | | | |
| State Representative, Candidate and Committee | | | | | | | | |

3.6 PERSONNEL POLICY SUMMARY

Enclose with this form, a copy of your proposed comprehensive written personnel policy which should include, at a minimum, a detailed description of your policies in the following areas.

DOES YOUR WRITTEN PERSONNEL POLICY INCLUDE PROVISIONS FOR:

| | No | Yes | Page or Section Numbers |
|--|-------|-------|-------------------------------|
| Hiring employees with deputy registrar agency experience? | _____ | _____ | _____ |
| Equal Employment Opportunity? | _____ | _____ | _____ |
| Employee training by the deputy registrar? | _____ | _____ | _____ |
| Participation in BMV provided training? | _____ | _____ | _____ |
| Periodic (annual at minimum) evaluations (documented) of employee performance? | _____ | _____ | _____ |
| A list of grounds for discipline or dismissal? | _____ | _____ | _____ |
| Progressive disciplinary steps? | _____ | _____ | _____ |
| Dress code with list of acceptable attire? | _____ | _____ | _____ |
| Dress code with list of unacceptable attire? | _____ | _____ | _____ |
| Policy for maintaining the professional appearance of all staff at all times? | _____ | _____ | _____ |
| Fringe benefits (beyond those required by law or contract)? | _____ | _____ | _____ |
| Is the written personnel policy comprehensive (i.e. is it complete, not just a summary)? | _____ | _____ | _____ |

3.7 SECURITY PLAN SUMMARY

If you are awarded a contract, you will be required to adopt a security plan, to assure that agency employees, patrons, other citizens, equipment, and consigned inventory will be protected from harm (your plan should detail how you intend to address the items listed below).

If you are awarded a contract, state whether you agree to provide either on your own, through your lease or sublease, or by contract:

An electronic alarm system No _____ Yes _____

Alarm system monitored 24 hours, off-site (Mandatory)? No _____ Yes _____

Alarm system reports off-site if wires cut or tampered with? (Mandatory) No _____ Yes _____

Adequate alarm monitored panic/hold-up buttons (Mandatory)? No _____ Yes _____

Motion detectors connected to alarm system (Mandatory)? No _____ Yes _____

Alarm monitored door contacts on all exterior doors (Mandatory)? No _____ Yes _____

Alarm monitored contacts on all exterior windows (Mandatory)? No _____ Yes _____

Video recording camera surveillance system (Mandatory)? No _____ Yes _____

A safe or secure locking cabinet (Mandatory)? No _____ Yes _____

A secured storage room with alarm monitored contacts on door(s) and window(s), if applicable (Mandatory)? No _____ Yes _____

A cross cut shredder to be made available to destroy customer copy records, if requested by customer (Mandatory)? No _____ Yes _____

All doors and all windows will be securely locked when the license agency is closed (Mandatory)? No _____ Yes _____

Smoke, fire, and carbon monoxide detection devices (Mandatory)? No _____ Yes _____

Interior/Exterior motion activated security lights (Suggested)? No _____ Yes _____

Note: For Deputy Provided Sites, the deputy registrar shall install and maintain an approved alarm system. At BMV Controlled Sites, either the BMV or the deputy registrar will install an approved alarm system, which will be maintained by the deputy registrar.

3.8 FACILITY MAINTENANCE PLAN SUMMARY

If you are awarded a contract you will be required to adopt a facility maintenance plan, including provisions for maintaining the deputy registrar agency premises. Your plan should detail how you intend to address the items listed below.

If you are awarded a contract, do you agree to be responsible for the following either on your own, through your lease or sublease, or by separate contract:

Outdoor building maintenance? No _____ Yes _____

Keeping outdoor areas free of trash and debris? No _____ Yes _____

Provisions to assure prompt snow and ice removal? No _____ Yes _____

Inside of agency, including equipment, will be cleaned by?

Deputy or his/her employees _____

Contractor of deputy _____

Landlord or his/her contractor _____

No one _____

Provision for inside maintenance will be?

Five or more times per week _____

One to four times per week _____

Less than once a week _____

Provision for professional cleaning of carpeting and/or flooring, if any, as needed, but **no less than once** per year?

No _____ Yes _____

Provisions for repainting, as needed, but **no less than once** during the term of contract?

No _____ Yes _____

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

Instructions: Answer all of the following questions to the best of your ability. Please be concise and attempt to limit each answer to seventy-five (75) words or less. Include attachment(s) if more space is needed to answer any of the questions.

1. How do you plan to manage, be responsible, and be accountable for this business at all times?

2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver's licenses, identification cards, and vehicle registrations?

3. What measures will you put in place to detect, deter, and prevent fraud?

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

5. How will you demonstrate good leadership to your employees?

6. How will you maintain a high level of professionalism each day in this business?

7. How do you intend to recruit and retain high quality employees?

8. How will you provide a safe, clean and friendly place to do business?

9. How would you deal with an irate customer?

10. What training or advice do you, or will you, give to your employees for dealing with irate customers?

11. How will you meet the expectations of the Bureau of Motor Vehicles?

12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?

3.10(A) AFFIDAVIT OF INDIVIDUAL

(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of _____ :

State of Ohio _____ :

I, _____, being first duly sworn, depose and say that:

- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;
- 4) If appointed as a deputy registrar, I will fully comply with the requirement that no person, except the Registrar, shall operate or control, directly or indirectly, more than one deputy registrar agency at any time. Specifically, I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
- 5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: _____

Printed/typed name of proposer: _____

Sworn to and subscribed in my presence by the above named _____

on this _____ day of _____, 2016

Notary Public

Printed name of Notary Public: _____

My commission expires: _____

3.10(B) AFFIDAVIT OF COUNTY AUDITOR OR CLERK OF COURTS

(Not to be used by Individuals or Nonprofit Corporations)

County of _____ :

State of Ohio _____ :

I, _____, being first duly sworn, depose and say that:

1) I am submitting my proposal for appointment as deputy registrar in my official capacity as _____ of _____ County, Ohio:

2) If appointed, I will serve as a deputy registrar in my official capacity and not in my own individual capacity;

3) If appointed as deputy registrar, I understand that my appointment as deputy registrar will terminate if I leave the office of County Auditor or Clerk of Courts and I will not assign my deputy registrar contract, except to a successor County Auditor or Clerk of Courts and with the advance written consent of the Registrar; and,

4) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,

5) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: _____

Printed/typed name of proposer: _____

Sworn to and subscribed in my presence by the above named _____

on this _____ day of _____, 2016

Notary Public

Printed name of Notary Public: _____

My commission expires: _____

3.10(C) AFFIDAVIT OF A NONPROFIT CORPORATION

(Not to be used by Individuals, County Auditors or Clerks of Courts)

County of _____ :

State of Ohio _____ :

I, _____, being first duly sworn, depose and say that:

- 1) I am duly elected or appointed (office held) _____
for _____, a nonprofit corporation;
- 2) I am submitting this proposal for the appointment of said nonprofit corporation as a deputy registrar, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person, persons, or business;
- 3) If appointed the nonprofit corporation will serve as a deputy registrar in its capacity as a nonprofit corporation, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any person, persons, or business;
- 4) If appointed as a deputy registrar, the nonprofit corporation will not assign its deputy registrar contract, in whole or in part, nor any of its deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar; and,
- 5) If appointed as deputy registrar, the nonprofit corporation will fully comply with the requirement that no person, except the Registrar, shall operate or control, directly or indirectly, more than one deputy registrar agency at any time, except that I understand that a nonprofit corporation which provides automobile-related services may operate one deputy registrar agency in each county in which it offers other services;
- 6) To the best of my knowledge and belief, the nonprofit corporation is fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make it ineligible to serve as a deputy registrar; and,
- 7) I have read the forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted for the purpose of obtaining a deputy registrar contract on behalf of the nonprofit corporation.

Signature of officer: _____

Printed/typed name of officer: _____

Printed/typed name of nonprofit corporation: _____

Sworn to and subscribed in my presence on this _____ day of _____, 2016

Notary Public

Printed name of Notary Public: _____

My commission expires: _____