

**DEPUTY REGISTRAR**  
**REQUEST FOR PROPOSALS**

**SECTION 5**

**(2016)**

**DEPUTY PROVIDED SITES**

## 5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name \_\_\_\_\_

Location Number \_\_\_\_\_

Proposed Site Address \_\_\_\_\_

Proposer's Telephone Number (number where BMV staff can reach you) (     ) \_\_\_\_\_

Proposal Number (*BMV use only*) \_\_\_\_\_

**INSTRUCTIONS:** You must submit one original and one copy of this form and all documents listed on this form **FOR EACH LOCATION YOU ARE PROPOSING**. If you fail to submit a complete set of originals and a complete set of copies **FOR EACH LOCATION**, you will not be evaluated for those locations.

FORM	DESCRIPTION	✓	BMV
5.0	Deputy Provided Site Checklist (this form)		
5.1	Site Questionnaire		
5.2	ADA Checklist		
5.3	Lease Option		
	– filled out, including complete address		
	– signed and notarized		
5.4	Proximity Attachment (for "Proximity" sites only)		
Proposer provided	Site Plan		
	– on 8½ x 11-inch paper		
	– with complete dimensions		
Proposer provided	Counter Plan		
	– on 8½ x 11-inch paper		
	– with complete dimensions		
Proposer provided	Map		
	– with site clearly marked		

## 5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): \_\_\_\_\_  
Street address of site \_\_\_\_\_  
City \_\_\_\_\_, Ohio, Zip Code \_\_\_\_\_
2. Is the site you are proposing currently in operation as a deputy registrar agency?  
No \_\_\_\_\_ Yes \_\_\_\_\_
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?  
No \_\_\_\_\_ Yes \_\_\_\_\_
4. Do you agree to comply with applicable Ohio Building Code requirements if construction or remodeling is necessary?  
No \_\_\_\_\_ Yes \_\_\_\_\_
5. Is the site located in a city or village? \_\_\_\_\_  
If so, name of city or village \_\_\_\_\_  
If not, name of township in which it is located \_\_\_\_\_
6. In what county is this site located? \_\_\_\_\_
7. Is your proposed site within the geographic area specified in the Agency Specifications?  
No \_\_\_\_\_ Yes \_\_\_\_\_
8. Have you included a map, with a mark showing the precise location of the proposed site?  
No \_\_\_\_\_ Yes \_\_\_\_\_
9. How many parking spaces are available for this site? \_\_\_\_\_ spaces
10. How many other businesses share the parking facilities? \_\_\_\_\_ Business(es)
11. What is the distance of the nearest regular parking space from the closest public entrance of the proposed agency site using the shortest route a person could safely walk?  
\_\_\_\_\_ feet
12. How many of the parking spaces are off-street (in a lot or garage)? \_\_\_\_\_ spaces

13. How many of the parking spaces are paved? \_\_\_\_\_ spaces
14. How many of the parking spaces are free (no charge for parking)? \_\_\_\_\_ spaces
15. How many of the parking spaces are reserved exclusively for the use of deputy registrar customers?  
\_\_\_\_\_ spaces

16. Does or will the site have air conditioning and heating ability to keep the temperature at or around 70 degrees Fahrenheit, and in no case during office hours ever under 65 degrees or over 75 degrees, except in cases of unavoidable emergencies, and during non-office hours between 50 degrees and 100 degrees?

No \_\_\_\_\_ Yes \_\_\_\_\_

State whether **EXISTING** \_\_\_\_\_ or **NEW** \_\_\_\_\_ installation.

17. Will the site be safe for agency employees and patrons and will it have security available?  
No \_\_\_\_\_ Yes \_\_\_\_\_

***Submission of a floor plan of the site is mandatory. If original drawings are larger than 8-1/2 x 11 inches, you must also provide a reduced size copy that will fit on one or more 8-1/2 inch by 11-inch pages. All dimensions must be indicated on the drawing.***

18. Have you submitted a complete floor plan of the site, showing all dimensions of all the interior areas?  
No \_\_\_\_\_ Yes \_\_\_\_\_

19. How much space is allocated for the customer area? \_\_\_\_\_ square feet
20. How much space is allocated for the employee service area? \_\_\_\_\_ square feet
21. How much space is allocated for the employee private area? \_\_\_\_\_ square feet
22. How much space is allocated for the storage area? \_\_\_\_\_ square feet
23. How much space is allocated for the restroom facilities? \_\_\_\_\_ square feet
24. How much space is allocated for uses not listed above? \_\_\_\_\_ square feet
25. Total square footage of agency? \_\_\_\_\_ square feet

***Submission of a counter plan is mandatory. If your original drawings are larger than 8-1/2 x 11 inches you must also provide a reduced size copy that will fit on one or more 8-1/2 x 11-inch pages. All dimensions, including those of the disability accessible counter, must be shown.***

26. Have you submitted a counter plan showing all dimensions of your counters?

No \_\_\_\_\_ Yes \_\_\_\_\_

27. Are your counters to be in accordance with RFP counter specifications?

No \_\_\_\_\_ Yes \_\_\_\_\_

28. Please indicate which of the two counter options from the Counter Specifications, RFP Appendix 2.1, you are choosing:

\_\_\_\_\_ A. Operator sit-down arrangement      \_\_\_\_\_ B. Operator stand-up arrangement

29. Will your customer service counter be a minimum of 46 inches and a maximum of 48 inches (or for incumbent deputies only, a maximum of 50 inches) high?

No \_\_\_\_\_ Yes \_\_\_\_\_

Actual Measurement: \_\_\_\_\_ inches

30. Do you agree to position all computers so they are adequately protected from damage by customers?

No \_\_\_\_\_ Yes \_\_\_\_\_

31. Will the total length of your equipment support counter be at least 60 inches for each terminal?

No \_\_\_\_\_ Yes \_\_\_\_\_

Actual Total Length (all counters): \_\_\_\_\_ feet

32. Will the depth of your regular counter be a minimum of 30 inches and a maximum of 36 inches?

No \_\_\_\_\_ Yes \_\_\_\_\_

Actual Depth: \_\_\_\_\_ inches

33. Will each 60-inch section of your counter be able to support at least 100 pounds of equipment?

No \_\_\_\_\_ Yes \_\_\_\_\_

34. Will you provide space for a vision screener at a reasonable height and conveniently located to the disabled-accessible counter?

No \_\_\_\_\_ Yes \_\_\_\_\_

35. Do you agree to provide a counter, acceptable to the BMV, to accommodate the digitized driver's license production equipment?

No \_\_\_\_\_ Yes \_\_\_\_\_

36. Will the disabled-accessible section of your counter be a minimum of 36 inches wide and have a knee hole opening of at least 27 inches clearance height, 30 inches wide and 19 inches deep?

No \_\_\_\_\_ Yes \_\_\_\_\_

Height: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

37. Will you have at least one terminal service area which will be readily accessible for use by individuals with a disability?

No \_\_\_\_\_ Yes \_\_\_\_\_

38. Will you provide space either on the counter or on one or more separate printer stands (additional space of at least 30 inches wide) for each of the printers in the agency?

No \_\_\_\_\_ Yes \_\_\_\_\_

39. How many signs do you propose for the location? \_\_\_\_\_ signs

40. List below the location and size (all dimensions) of your signs or proposed signs:

**Location of signs**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dimensions of signs**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. **Form 5.3.** You must give satisfactory evidence that the facility you have proposed will be available for the operation of a deputy registrar agency during the entire period of the contract. If you will be leasing the facility from someone else, you must submit a fully executed (signed, notarized, and accepted) Lease Option, Form 5.3. If you own the property yourself, you must submit a copy of your deed along with a Lease Option, Form 5.3, giving yourself an option or a written statement that the property is available for use as a deputy registrar agency.

42. **Form 5.4.** Is the location for which you are proposing designated a DEPUTY PROVIDED PROXIMITY SITE in the Agency Specifications for that location?

\_\_\_\_\_ Yes. You must complete and submit with your proposal a fully completed Proximity Attachment, Form 5.4.

\_\_\_\_\_ No. Please do not submit the Proximity Attachment, Form 5.4.

**5.2 ADA CHECKLIST**  
**AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT**

Answer all questions for the proposed facility as it now exists. If the site as it now exists is deficient in any respect, list in the spaces provided all improvements the landlord or you will make if you are awarded a deputy registrar contract. Be specific. You may use the possible solutions noted on this form or you may propose your own solutions. If the proposed facility is under construction, answer all questions regarding the facility after completion in accordance with the construction plans. If any question clearly does not apply, mark it "Not Applicable" or "N/A."

**1. ACCESSIBLE ENTRANCE.** People with disabilities should be able to arrive at a parking space accessible to persons with disabilities on the site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities. "Accessible space" means a parking space which meets all Americans with Disabilities (ADA) requirements for disability (formerly "Handicapped") parking. "Accessible entrance" means an entrance to a building which meets ADA requirements for access by persons with disabilities, including persons who are in wheelchairs.

- A. Is there a path of travel from the disability accessible parking space to the agency entrance that does not require the use of stairs? No \_\_\_\_\_ Yes \_\_\_\_\_
- B. Is the path of travel stable, firm, and slip-resistant? No \_\_\_\_\_ Yes \_\_\_\_\_
- C. Except for curb cuts, is the path at least 36 inches wide? No \_\_\_\_\_ Yes \_\_\_\_\_
- D. Do curbs on the pathway have curb cuts at least 32 inches wide at all necessary points? No \_\_\_\_\_ Yes \_\_\_\_\_

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, adding a ramp, designing an alternative path of travel, repairing surfaces, widening the pathway, installing curb cuts, etc.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**2. RAMPS.** Are ramps necessary to permit wheelchair access? Yes \_\_\_\_\_ No \_\_\_\_\_

*If "yes" complete the following information. If "no," skip forward to "Parking and Drop-Off Areas," next page.*

A. Are the slopes of ramps no greater than 1:12? No \_\_\_\_\_ Yes \_\_\_\_\_

*Slope is given as a ratio of the height to length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.*

B. Do all ramps longer than six (6) feet have railings on both sides? No \_\_\_\_\_ Yes \_\_\_\_\_

## 5.2 ADA CHECKLIST

### AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Are railings sturdy, and between 34 and 38 inches high? No \_\_\_\_\_ Yes \_\_\_\_\_
- D. Is the width between railings at least 36 inches? No \_\_\_\_\_ Yes \_\_\_\_\_
- E. Are ramps non-slip? No \_\_\_\_\_ Yes \_\_\_\_\_
- F. Is there a 5-foot-long level landing at the top of the ramp, at the bottom of the ramp, at switchbacks, if any, and at every 30-foot horizontal length of ramp? No \_\_\_\_\_ Yes \_\_\_\_\_

*The ramp should rise no more than 30 inches between landings.*

If ramps are necessary, and the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, lengthening ramp to decrease slope, relocating ramp, rebuilding ramp, adding railings, repairing or adjusting railings, adding non-slip surface materials, etc.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

3. **PARKING AND DROP-OFF AREAS.** Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle)? No \_\_\_\_\_ Yes \_\_\_\_\_

For guidance in determining the appropriate number to designate, the table below gives the ADA requirements for new construction and alterations.

Total spaces	Accessible						
1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces

- A. Are 16-foot wide spaces, with 98 inches of vertical clearance, Available for lift-equipped vans? No \_\_\_\_\_ Yes \_\_\_\_\_
- At least one of every 8 accessible spaces must be van-accessible.*
- B. Are the accessible spaces closest to the accessible entrance? No \_\_\_\_\_ Yes \_\_\_\_\_
- C. Are the accessible spaces marked with the International Symbol of Accessibility (standard disability parking sign)? No \_\_\_\_\_ Yes \_\_\_\_\_

## 5.2 ADA CHECKLIST

### AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, reconfiguring spaces by repainting stripes, moving the spaces, adding proper signs, etc.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

After improvements, if any, have been made, how far will it be between the nearest accessible parking space to the nearest accessible building or mall entrance using the most direct path a wheelchair can safely travel?

Measurement = \_\_\_\_\_ Feet

Is the nearest accessible space within two hundred (200) feet of the accessible entrance? No \_\_\_\_\_ Yes \_\_\_\_\_

Is the nearest accessible space within one hundred (100) feet of the accessible entrance? No \_\_\_\_\_ Yes \_\_\_\_\_

**4. ENTRANCE.** If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance? No \_\_\_\_\_ Yes \_\_\_\_\_

A. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance? No \_\_\_\_\_ Yes \_\_\_\_\_

B. Can the accessible entrance be used independently? No \_\_\_\_\_ Yes \_\_\_\_\_

C. Does entrance door have at least 32 inches clear opening (for double door, at least one 32-inch leaf)? No \_\_\_\_\_ Yes \_\_\_\_\_

D. Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle? No \_\_\_\_\_ Yes \_\_\_\_\_

*A person using a wheelchair needs this space to get close enough to open the door*

E. Is the threshold level (less than 1/4 inch high) or beveled, up to 1/2 inch high? No \_\_\_\_\_ Yes \_\_\_\_\_

F. Are doormats 1/2 inch high or less with beveled or secured edges? No \_\_\_\_\_ Yes \_\_\_\_\_

G. Is the door handle no higher than 48 inches and operable with a closed fist? No \_\_\_\_\_ Yes \_\_\_\_\_

*(The “closed fist” test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.)*

**5.2 ADA CHECKLIST**  
**AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT**

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_

**5. ACCESS TO ALL DEPUTY REGISTRAR SERVICES.** Ideally, the layout of the building should allow people with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

- A. Does the accessible entrance provide direct access to the main floor, lobby, or elevator? No \_\_\_\_\_ Yes \_\_\_\_\_
- B. Are all public spaces on an accessible path of travel? No \_\_\_\_\_ Yes \_\_\_\_\_
- C. Is the accessible route to all public spaces and services at least 36 inches wide (except for interior doors)? No \_\_\_\_\_ Yes \_\_\_\_\_
- D. Are the aisles between chairs or tables at least 36 inches wide? No \_\_\_\_\_ Yes \_\_\_\_\_
- E. Are there spaces for wheelchair seating distributed throughout? No \_\_\_\_\_ Yes \_\_\_\_\_
- F. Do interior doors into public spaces have at least a 32-inch clear opening? No \_\_\_\_\_ Yes \_\_\_\_\_
- G. On the pull side of interior doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair can get close enough to open the door? No \_\_\_\_\_ Yes \_\_\_\_\_
- H. Can doors be opened without too much force? No \_\_\_\_\_ Yes \_\_\_\_\_
- I. Are door handles 48 inches high or less and operable with a closed fist? No \_\_\_\_\_ Yes \_\_\_\_\_
- J. Are all interior thresholds, if any, level (less than 1/4 inch high), or beveled, up to 1/2 inch high? No \_\_\_\_\_ Yes \_\_\_\_\_
- K. Is carpeting, if any, low-pile, tightly woven, and securely attached along edges? No \_\_\_\_\_ Yes \_\_\_\_\_

**5.2 ADA CHECKLIST**  
**AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT**

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_

**SEATS, TABLES & COUNTERS**

- A. Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide? No \_\_\_\_\_ Yes \_\_\_\_\_
- B. Is the top of the ADA table or counter between 28 and 34 inches high? No \_\_\_\_\_ Yes \_\_\_\_\_
- C. Are knee spaces at accessible tables at least 27 inches clearance height, 30 inches wide, and 19 inches deep? No \_\_\_\_\_ Yes \_\_\_\_\_

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**6. RESTROOM USAGE.** Restrooms should be accessible to people with disabilities.

- A. Is there currently a restroom available for use by the customers of the agency? No \_\_\_\_\_ Yes \_\_\_\_\_
- B. Is at least one restroom (either one for each sex, or unisex) fully ADA accessible? No \_\_\_\_\_ Yes \_\_\_\_\_

**5.2 ADA CHECKLIST**  
**AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT**

- C. Is there adequate signage identifying the ADA restroom(s)? No \_\_\_\_\_ Yes \_\_\_\_\_
- D. Is the doorway of the ADA restroom at least 32 inches clear? No \_\_\_\_\_ Yes \_\_\_\_\_
- E. Are doors to the ADA restroom(s) equipped with accessible handles (operable with a closed fist), 48 inches high or less? No \_\_\_\_\_ Yes \_\_\_\_\_
- F. Can doors to the ADA restroom(s) be opened easily (5-pound maximum force)? No \_\_\_\_\_ Yes \_\_\_\_\_
- G. Does the entry configuration to the ADA restroom(s) provide adequate maneuvering space for a person using a wheelchair? No \_\_\_\_\_ Yes \_\_\_\_\_
- H. Is there a 36-inch-wide path to all fixtures in the ADA restroom(s)? No \_\_\_\_\_ Yes \_\_\_\_\_

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_

**STALLS.** The following questions apply to ADA restroom(s).

- A. Is the stall door operable with a closed fist, inside and out? No \_\_\_\_\_ Yes \_\_\_\_\_
- B. Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)? No \_\_\_\_\_ Yes \_\_\_\_\_
- C. In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet? No \_\_\_\_\_ Yes \_\_\_\_\_
- D. Is the toilet seat 17 to 19 inches high? No \_\_\_\_\_ Yes \_\_\_\_\_

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

**5.2 ADA CHECKLIST**  
**AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT**

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**LAVATORIES.** The following questions apply to ADA restroom(s).

- A. Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front? No \_\_\_\_\_ Yes \_\_\_\_\_
- B. A maximum of 19 inches of the required depth may be under the lavatory. No \_\_\_\_\_ Yes \_\_\_\_\_
- C. Is the lavatory rim no higher than 34 inches? No \_\_\_\_\_ Yes \_\_\_\_\_
- D. Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)? No \_\_\_\_\_ Yes \_\_\_\_\_
- E. Can the faucet be operated with one closed fist? No \_\_\_\_\_ Yes \_\_\_\_\_
- F. Are soap and other dispensers and hand dryers within reach ranges and usable with one closed fist? No \_\_\_\_\_ Yes \_\_\_\_\_
- G. Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower? No \_\_\_\_\_ Yes \_\_\_\_\_

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_

### 5.3 LEASE OPTION

1. I (we)(owners' complete names) \_\_\_\_\_

\_\_\_\_\_ ,  
of (owners' complete address) \_\_\_\_\_

\_\_\_\_\_ ,  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of \_\_\_\_\_, (state whether city, village or township)

\_\_\_\_\_ of \_\_\_\_\_ and commonly known as:

(property's address) \_\_\_\_\_

Suite \_\_\_\_\_ City \_\_\_\_\_, Ohio, Zip \_\_\_\_\_

to (proposer's name) \_\_\_\_\_

of (proposer's address) \_\_\_\_\_

City \_\_\_\_\_, Ohio, Zip \_\_\_\_\_

for the operation of a deputy registrar agency under contract with the Ohio Bureau of Motor Vehicles, and for no other purpose.

2. THE TERM OF THE LEASE, if executed, shall begin no later than the 26<sup>th</sup> day of June, 2016 and shall not terminate before the 26<sup>th</sup> of June, 2021.

3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 30<sup>th</sup> day of May, 2016.

4. THE PARTIES AGREE AS FOLLOWS:

A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.

B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option. Owners have indicated below by initialing whether this option is exclusive or not exclusive.

C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.

D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

The owner(s) shall initial one of the following:

\_\_\_\_\_ This option is exclusive. No similar option has been or will be granted to any other person.

\_\_\_\_\_ This option is not exclusive. A similar option has been or may be granted to another person or other persons.

Owner(s)' signature(s): \_\_\_\_\_

\_\_\_\_\_

Owner(s)' printed name(s): \_\_\_\_\_

\_\_\_\_\_

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 2016, by the owners, \_\_\_\_\_

\_\_\_\_\_

Notary Public

Printed name of Notary Public: \_\_\_\_\_

My commission expires on \_\_\_\_\_

I hereby accept this option.

\_\_\_\_\_

Date

\_\_\_\_\_

Optionee signature, Deputy Registrar Proposer

## 5.4 PROXIMITY ATTACHMENT

### Instructions

If the location you are submitting a proposal for is designated in the Agency Specifications as a deputy Provided **Proximity Site**, complete this form and include the original and one copy with your proposal. If it is designated as a Deputy Provided **Non-Proximity Site**, do not submit this form.

This document is for locations which the Registrar has designated for One-Stop Shopping to encourage the deputy registrar to provide a site located close to either an **existing** Driver's License Examination Station or an **existing** Clerk of Courts Title Office.

Bureau of Motor Vehicles (BMV) records indicate that a Driver's License Examination Station or a Clerk of Courts Title Office, or both, are situated within the boundaries of this location.

If there are both a Driver's License Examination Station and a Clerk of Courts Title Office within the boundaries of this location, equal consideration will be given for siting close to either one.

In evaluating the proposed deputy registrar site's proximity to either a Driver's License Examination Station (Exam Station) or a Clerk of Courts Title Office (Title Office), the Registrar intends to give the following consideration:

**Highest Consideration:** Highest consideration will be given to sites situated in the same building, in an adjacent building, within the same business district, or within the same shopping center as the **existing** Exam Station or Title Office.

**Second Highest Consideration:** Second highest consideration will be given to sites situated within approximately one-half mile, by most direct public-access route, to the **existing** Exam Station or Title Office.

Proposers shall not attempt to influence a Driver's Examination Station or a Clerk's Title Office to move to a different location at this time. No credit will be given during this RFP process to any proposer who proposes to relocate a Driver's License Examination Station or a Clerk's Title Office to be closer to the proposer's site.

### QUESTIONNAIRE (SUBMIT ORIGINAL AND ONE COPY)

1. Proposer's name \_\_\_\_\_

2. Street address of proposed site \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. If the proposed site is close to an **existing** Driver's License Examination Station (Exam Station), what is the address of the Exam Station?

---

Is the proposed site located within the same building, an adjacent building, the same business district, or the same shopping center as the Exam Station?

No \_\_\_\_\_ Yes \_\_\_\_\_

Is it located within approximately one-half mile (0.5 miles) from the Exam Station?

No \_\_\_\_\_ Yes \_\_\_\_\_

If YES, specify distance to nearest one-tenth mile: \_\_\_\_\_

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Exam Station and return):

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4. If the proposed site is close to an **existing** Clerk of Courts Title Office (Title Office), what is the address of the Title Office?

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Is it located within the same building, an adjacent building, the same business district, or the same shopping center as the Title Office?

No \_\_\_\_\_ Yes \_\_\_\_\_

Is it located within approximately one-half mile (0.5 miles) from the Title Office?

No \_\_\_\_\_ Yes \_\_\_\_\_

If YES, specify distance to nearest one-tenth mile: \_\_\_\_\_

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Title Office and return):

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