

4.0 Operational Checklist

Proposer's Name _____ Home Phone () _____

Address _____ Daytime Phone () _____

City _____, Ohio Zip Code _____

Proposer Number (*BMV use only*) _____

Location _____

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

FORM	DESCRIPTION	✓	BMV
4.0	Operational Checklist (this form)		
4.1	Appointment of Agency Managers		
4.2	Experienced Employees Summary		
4.3	Staffing and Personnel Costs Calculation		
4.4	Start-Up Costs Calculation Amount: \$ _____		
4.5	Deputy Registrar Contract (2 pages only)		