

# PAYROLL COMPARISON – 2021

**Proposer Name: Jack Pook**

Evaluator Printed Name: Robert A. Fragale

## PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	09.C					
Highest Rate	\$15					
Lowest Rate	\$10					
Number of Hours Recommended	228					
Number of Hours Proposed	246					
Total Monthly Wages	\$10,480					

Comments:

---


---

---

---

# PERSONAL EVALUATION (2021)

Jack Pook  
09-C / 21039  
Butler County, Fairfield  
BMV Site

Evaluation Team Number: 1  
Location(s) Proposed: (#1) CA-C  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  
Verify Proposer's Full Name: (#2) Jack A. Pook  
Proposer's County of Residence (NPC Operation): (#4) Montgomery  
Verify Proposer's Driver's License Number: (#6)   
Proposing as Minority: (#9) Yes \_\_\_\_\_ No X  
Proposing as: (#10) Individual X Clerk of Courts \_\_\_\_\_ Co. Auditor \_\_\_\_\_ Nonprofit Corp. \_\_\_\_\_

## SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>100</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

TOTAL POINTS (Max. 258 Points): 258

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Evaluators' Signatures	Evaluators' Printed Names	Date
(1)	<u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>3/8/21</u>
(2)	_____	_____	_____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	0	0	
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	5	*	
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	5	*	
5. Proposer is not a State of Ohio employee or will resign? (#19)	5	*	
6. Proposer is not an active insurance agent or is nonprofit? (#20)	5	*	
7. Proposer states no criminal conviction within the last 10 years? (#21)	5	*	
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	5	*	
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	5	*	
10. Proposer can meet bond requirements? (#24 and acceptable proof)	5	*	
11. Acceptable educational information OR nonprofit corporation? (#25)	5	0	
12. Proposer has computer training or experience? (#26)	5	0	

**PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points)**

55

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: John McManus at telephone ( )

Company: Pook Law, LLC

Relationship: \_\_\_\_\_

Verified experience as: Deputy Registrar Agency Owner (50) \_\_\_\_\_ Other Business Owner (34) X

Manager or Supervisor (25) \_\_\_\_\_ Deputy Registrar Employee (23) \_\_\_\_\_ Other Employee (20) \_\_\_\_\_

Hours per week: 40

From (date): 3/19 To (date): current Length: 2 yrs

Verified Hours 40 = Factor 1 x Years 2. x Points 34 =         

Person called: John McManus at telephone

Company: The Autograph Zone, LLC

Relationship: \_\_\_\_\_

Verified experience as: Deputy Registrar Agency Owner (50) \_\_\_\_\_ Other Business Owner (34) X

Manager or Supervisor (25) \_\_\_\_\_ Deputy Registrar Employee (23) \_\_\_\_\_ Other Employee (20) \_\_\_\_\_

Hours per week: 40

From (date): 11/01 To (date): 12/13 Length: 12 yrs

Verified Hours 40 = Factor 1 x Years 12 x Points 34 = 1360

Person called: \_\_\_\_\_ at telephone (        ) \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

Verified experience as: Deputy Registrar Agency Owner (50) \_\_\_\_\_ Other Business Owner (34) \_\_\_\_\_

Manager or Supervisor (25) \_\_\_\_\_ Deputy Registrar Employee (23) \_\_\_\_\_ Other Employee (20) \_\_\_\_\_

Hours per week: \_\_\_\_\_

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_ Length: \_\_\_\_\_

Verified Hours \_\_\_\_\_ = Factor \_\_\_\_\_ x Years \_\_\_\_\_ . x Points \_\_\_\_\_ = \_\_\_\_\_

## BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

### 13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x	POINTS =	SCORE	VERIFIED
A.		# NA = 1.0 x	x 50 =		
B.		# NA = 1.0 x	x 50 =		
C.		# NA = 1.0 x	x 50 =		
Subtotal of 13-A, 13-B & 13-C =					

### 14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x	POINTS =	SCORE	VERIFIED
A.	Pook Law, LLC	# 40 = 1 x 2	x 34 =	68	✓
B.	The Autograph Zone LLC	# 40 = 1 x 12	x 34 =	408	✓
C.		# = x	x 34 =		
Subtotal of 14-A, 14-B & 14-C =				476	

### 15. SUPERVISORY / MANAGEMENT (ANY BUSINESS – INCLUDING DR) Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x	POINTS =	SCORE	VERIFIED
A.		# = x	x 25 =		
B.		# = x	x 25 =		
C.		# = x	x 25 =		
Subtotal of 15-A, 15-B & 15-C =					

**Total DR, Ownership and/or Management #13-15 (Max. 100 Points) = 100**

### 16. DEPUTY REGISTRAR EMPLOYMENT (NON-MANAGEMENT) Experience, Form 3.2

ITEM	AGENCY	HOURS = FACTOR x YEARS x	POINTS =	SCORE	VERIFIED
A.		# = x	x 23 =		
B.		# = x	x 23 =		
C.		# = x	x 23 =		
D.		# = x	x 23 =		
Subtotal of 16-A, 16-B, 16-C & 16-D =					

**Total DR Employment Experience #16 (Max. 90 Points) =**

### 17. OTHER EMPLOYMENT Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x	POINTS =	SCORE	VERIFIED
A.		# = x	x 20 =		
B.		# = x	x 20 =		
C.		# = x	x 20 =		
D.		# = x	x 20 =		
Subtotal of Lines 17-A, 17-B, 17-C & 17-D =					

**Total Other Employment Experience #17 (Max. 80 Points) =**

**ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = 100**

# PERSONAL EVALUATION

OK NO

## 18. Form 3.3 – Customer Service Experience

Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?

2

0

## 19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)

A. Are funds in acceptable financial institution and verified with bank/teller stamp?

5

\*

B. Are funds in proposer's or proposer's business name or joint with spouse?

5

\*

## 20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)

Did proposer mark "NO" for every category, every year?

(For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)

5

\*

## 21. Form 3.6 – Personnel Policy Summary

Does proposer agree to provide/maintain a written personnel policy covering the following:

A. Hiring employees with deputy registrar agency experience?

1

0

B. Equal Employment Opportunity?

1

0

C. Employee training by the deputy registrar?

1

0

D. Participation in BMV provided training?

1

0

E. Evaluation of employee performance?

1

0

F. Grounds for discipline or dismissal/termination (list)?

1

0

G. Progressive disciplinary steps?

1

0

H. Dress code with list of acceptable attire?

1

0

I. Dress code with list of unacceptable attire?

1

0

J. A policy for maintaining the professional appearance of all staff at all times?

1

0

K. Fringe benefits (beyond those required by law or contract)?

1

0

## PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points)

28

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

# PERSONAL EVALUATION

OK NO

## 22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:

A. An electronic alarm system? (Mandatory)	1	*
B. Alarm system monitored 24 hours, off-site? (Mandatory)	1	*
C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)	1	*
D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)	1	*
E. Motion detectors connected to alarm system? (Mandatory)	1	*
F. Alarm monitored contacts on all exterior doors? (Mandatory)	1	*
G. Alarm monitored contacts on all exterior windows? (Mandatory)	1	*
H. Video recording camera surveillance system? (Mandatory)	1	*
I. Safe or secured locking cabinet? (Mandatory)	1	*
J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)	1	*
K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)	1	*
L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)	1	*
M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?	1	*
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO	OK	NO

## 23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:

A. Indoor/Outdoor maintenance and cleaning?	1	0
B. Prompt snow and ice removal?	1	0
C. Carpet and/or floor cleaning (if appropriate)?	1	0
D. Repainting?	1	0

## PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points)

17

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PERSONAL EVALUATION

OK | NO

## 24. Form 3.9 – Involved and Invested in Your Business

1. How do you plan to manage, be responsible, and be accountable for this business at all times?	③	0
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 licenses, identification cards, and vehicle registrations?	③	0
3. What measures will you put in place to detect, deter, and prevent fraud?	③	0
4. The Ohio 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?	③	0
5. How will you demonstrate good leadership to your employees?	③	0
6. How will you maintain a high level of professionalism each day in this business?	③	0
7. How do you intend to recruit and retain high quality employees?	③	0
8. How will you provide a safe, clean, and friendly place to do business?	③	0
9. How would you deal with an irate customer?	③	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	③	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	③	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	③	0

## 25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation

A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	③	*
B. Is it the affidavit duly signed and notarized?	②	*

## 26. Local Law Enforcement Report / Articles of Incorporation (AOI)

A. No disqualifying convictions for individual / AOI for nonprofit corporation?	③	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	②	0

## 27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation

No disqualifying convictions for individual / AOI for nonprofit corporation?	⑤	*
--	---	---

PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)

27





### 3.0 PERSONAL CHECKLIST

Jack A. Pook

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

**Proposer Number (BMV use only)** 21039

**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	<input checked="" type="checkbox"/>	BMV	COUNTY AUDITOR OR CLERK OF COURTS	<input checked="" type="checkbox"/>	BMV	NONPROFIT CORPORATION	<input checked="" type="checkbox"/>	BMV
Form 3.0 Personal Checklist (this form)	<input checked="" type="checkbox"/>	1	Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	<input checked="" type="checkbox"/>	1	Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	<input checked="" type="checkbox"/>	1	Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	<input checked="" type="checkbox"/>	1	Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience		
Form 3.4 Start-Up Cost Funds on Deposit	<input checked="" type="checkbox"/>	1	N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	<input checked="" type="checkbox"/>	1	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 Comprehensive Personnel Policy Agreement	<input checked="" type="checkbox"/>	1	Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	<input checked="" type="checkbox"/>	1	Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	<input checked="" type="checkbox"/>	1	Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	<input checked="" type="checkbox"/>	1	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	<input checked="" type="checkbox"/>	1	Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2021 Credit Report	<input checked="" type="checkbox"/>	1	N/A	X	1	2021 Certificate of Good Standing		
2021 Local Law Enforcement Report	<input checked="" type="checkbox"/>	1	2021 Local Law Enforcement Report			Articles of Incorporation		
2021 WebCheck Receipt	<input checked="" type="checkbox"/>	1	2021 WebCheck Receipt			N/A	X	1
Pre-approval Statement for \$25,000 Bond	<input checked="" type="checkbox"/>	1	Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond		
<b>INDIVIDUAL</b>		<b>16</b>	<b>COUNTY AUDITOR OR CLERK OF COURTS</b>			<b>NONPROFIT CORPORATION</b>		

### 3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations). Check the box underneath if proposing the location as a second site in addition to a current agency:

09-C

\_\_\_\_\_  
\_\_\_\_\_  
**Jack A. Pook**  
\_\_\_\_\_

2. Full legal name of proposer \_\_\_\_\_
3. Proposer's street address \_\_\_\_\_  
City \_\_\_\_\_ State OH Zip code \_\_\_\_\_  
Montgomery
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) \_\_\_\_\_  
Nancy
7. Spouse's name (nonprofit corporation N/A) \_\_\_\_\_
8. Spouse's street address (nonprofit corporation N/A) \_\_\_\_\_  
City \_\_\_\_\_ State OH 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? \_\_\_\_\_

For the following three questions, **extended family** includes 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:

15. A. Does any member of your extended family 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 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 <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (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 ☒

John F. Kennedy, High School

High school name

Bronx

NY

10463

City

State

Zip

Wright State University

College name

Dayton

OH

45435

City

State

Zip

Education

Master of Education

Major

Degree awarded

University of Dayton School of Law

College name

Dayton

OH

45469

City

State

Zip

Law

J.D. and LL.M.

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 ☒

Extensive experience with Microsoft Office, Adobe. Quick Books.

Extensive experience with Microsoft Office, Adobe. Quick Books.

A. Name John S. McManus Daytime telephone number ( )             
City            State OH Zip           

B. Name Brent Kondritz Daytime telephone number (            )                        
City            State OH Zip           

C. Name Timothy Campbell Daytime telephone number [REDACTED]  
City [REDACTED] State MD Zip [REDACTED]

Form 3.1, Personal Questionnaire, Page 5 of 6 (2021)

28. Employment, management, supervisory, and business experience. Each Proposer's experience is one of the most important factors to be considered in the award of deputy registrar contracts. For the purposes of this RFP, experience gained prior to the year 1990 will not be evaluated or considered. Please provide a professional resume, in chronological order (no earlier than 1990), the positions you have held. If the position you held in 1990 was one you started before 1990, you may list that position and the date you actually started on your submitted resume. If you did not hold any position in 1990, please begin with the first position you held after 1990. If applying as a NPC, please provide a description of the fundraising, program, and charitable functions of the nonprofit corporation.



## 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 Jack A. Pook Company name Pook Law, LLC.  
Company address 7051 Clio Road City Centerville  
State OH Zip 45459 Telephone ( 937 ) 856-7665  
Type of business (deputy registrar, retail grocery, etc.) Law Office

Company's products and/or services Legal Services

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

1. Federal Tax ID Number: \_\_\_\_\_

2. Percentage of business you owned: 100 % Hours worked weekly 40

3. Dates you operated this business: From: month 03 year 19 To: month 01 year 21

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
John S. McManus		OH	45420	
Brent Kondritz		OH	45402	
Travis Butchello		OH	43215	

## 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 Jack A. Pook Company name The Autograph Zone, LLC.  
Company address 1257 North Fairfield Road City Centerville  
State OH Zip 45432 Telephone ( 937 ) 856-7665  
Type of business (deputy registrar, retail grocery, etc.) Sports Memorabilia

Company's products and/or services Promotional Sports Related Memorabilia

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

1. Federal Tax ID Number: \_\_\_\_\_
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month 11 year 01 To: month 12 year 13
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? 7
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
Brent Kondritz		OH	45402	
Kenneth Lambert		OH	45420	
Sherry Lambert		OH	45420	

### 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 Jack A. Pook Company name Met Life  
Company address 200 Park Avenue City New York  
State NY Zip 10166 Telephone ( 212 ) 578-2211  
Type of business (deputy registrar, retail grocery, etc.) Insurance Sales

Management/supervisory duties Helped supervise a staff of 12 employees, trained new representatives  
retrained experienced sales staff.

MANAGER OR SUPERVISOR - Job title: Michael Hertz, Branch Manager

1. Title of position Senior Sales Associate and Associate Branch Manager Hours worked weekly? 50-60
2. Dates this position was held: From: month 06 year 92 To: month 08 year 97
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? 12
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
Ken Lambert		OH	45420	
			( )	
			( )	

### 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 Jack A. Pook Company name Improved Solution for Urban Systems  
Company address 140 N. Keowee St. City Dayton  
State OH Zip 45402 Telephone ( 937 ) 228-2323  
Type of business (deputy registrar, retail grocery, etc.) School

Management/supervisory duties Training and managing educators and administrative support staff  
by developing strategic, operational plans to strengthen relationships with teachers, administrators, parents, and the community.

MANAGER OR SUPERVISOR - Job title: Ann Higdon

1. Title of position Projects Coordinator Hours worked weekly?           

2. Dates this position was held: From: month 12 year 1999 To: month 12 year 2001

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? 3

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
Adam Lenger		MI	49501	
				( )
				( )

### 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 Jack A. Pook Company name Edison State Community College  
Company address 1973 Edison Drive City Piqua  
State OH Zip 45356 Telephone ( 937 ) 778-8600  
Type of business (deputy registrar, retail grocery, etc.) College

EMPLOYEE - Job title: Adjunct Instructor  
Hours worked weekly 6-8 Job duties Adjunct Educator in the department of  
Paralegal Studies with responsibilities to instruct Litigation I and Legal Research and Writing  
for the Spring, 2021 Semester.

Dates of this employment: From: month 01 year 2020 To: month 01 year 2021

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

As an educational professional I need to: – Be responsive: reply to incoming queries quickly

and efficiently –Be available: ensure everyone knows where they can find the information

they need. – Be service-orientated: seek feedback and deliver on requests from students, parents, and administrators.

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
Enrique Rivera		OH	45459	( )
Joseph Paley		OH	45459	( )
				( )

### 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 Jack A. Pook Company name Nolan, Sprowl, and Smith  
Company address 7051 Clio Road City Centerville  
State OH Zip 45459 Telephone ( 937 ) 228-7104, ext. 103  
Type of business (deputy registrar, retail grocery, etc.) Legal Services

EMPLOYEE - Job title: Attorney

Hours worked weekly 45-50 Job duties Working with clients to cultivate Estate Plans,  
drafting Wills and Trusts, Probate Court Litigation, Landlord and Tenant Litigation, Business  
and Contract Negotiations, and Fraudulent Transfer Related Matters.

Dates of this employment: From: month 06 year 2019 To: month 01 year 2021

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

Being a lawyer is about providing high-quality customer service. In order to build a practice

it is crucial that a lawyer delivers excellent customer service. Please see:

www.pooklawllc.com to read more about my client reviews.

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
Joseph Paley		OH	45459	
John S. McManus		OH	45420	
			( )	

### 3.3 CUSTOMER SERVICE EXPERIENCE

**Instructions.** Please 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 sufficient customer service awareness.

- A. 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):

**Leverage Customer Experience Analytics**

Use data and analytics to measure detailed behavioral, demographic, and other customer experience metrics in real-time.

**Reward Your Engaging Customers**

Customers stay loyal when you reward their engagements by offering incentives such as guides, ebooks, discounts, etc. The best form of advertisement is word of mouth from a satisfied consumer. By helping to engage our consumers, we will help spread the word about our brand positively.

**Let Your Customers Help Themselves with Self Service**

Finding a method to help automate the process for our customers will help them become more engaged. It will also assist in decreasing the lines at the BMV.

**Bring the BMV to You**

The purpose of this statement is to help the local community become more acquainted with the services and products offered by the BMV. Going to local schools, community centers, auto dealerships, local businesses provide an opportunity to meet and greet the community's people while helping educate them on the services offered by their local BMV.

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

Jack A. Pook

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.)

Fifth Third Bank

Bank Name: \_\_\_\_\_

790 Gardner Rd,

Springboro

Bank Address: \_\_\_\_\_ Bank City: \_\_\_\_\_

OH

45066

937

748-3270

Bank State: \_\_\_\_\_ Bank Zip: \_\_\_\_\_ Bank Phone: (      ) \_\_\_\_\_

Account Number: [REDACTED] Total Funds on Deposit: \$ 112,740.00

(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.)

FIFTH THIRD BANK

FEB 02 2021

Bank or Teller's Official Stamp: 00438-07

Teller's Signature: *[Signature]* Date: 02/02/2021

(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.

Jack A. Pook

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 2018		JAN 1 - DEC 31 2019		JAN 1 - DEC 31 2020		2021 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		✓		✓		✓		✓

**Form 3.5, Political Contributions Report (2021)**

### 3.6 PERSONNEL POLICY

A comprehensive personnel policy must be readily available and presented upon request. Items needing covered within the agency's comprehensive personnel policy are listed below.

Do you agree to provide a comprehensive personnel policy, if requested, that covers the listed items?

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

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM)
LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL
PROGRESSIVE DISCIPLINARY ACTION
DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE
POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE
FRINGE BENEFITS

### 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, do you agree to provide all of the following?

Yes ☒ No ☐

ELECTRONIC ALARM SYSTEM
ALARM SYSTEM MONITORED 24 HOURS, OFF-SITE
ALARM SYSTEM REPORTS OFF-SITE IF WIRES ARE CUT OR TAMPERED
ADEQUATE ALARM MONITORED PANIC/HOLD BUTTONS
MOTION DETECTORS CONNECTED TO ALARM SYSTEM
ALARM MONITORED DOOR CONTACT ON ALL EXTERIOR DOORS
ALARM MONITORED CONTACTS ON ALL EXTERIOR WINDOWS
VIDEO RECORDING CAMERA SURVEILLANCE SYSTEM
A SAFE OR SECURE LOCKING CABINET
A SECURED STORAGE ROOM WITH ALARM MONITORED CONTACTS ON DOOR(S) AND WINDOW(S)
A CROSS CUT SHREDDER
SECURELY LOCK ALL DOORS AND WINDOWS WHEN OUTSIDE BUSINESS HOURS
SMOKE, FIRED, AND CARBON MONOXIDE DETECTION DEVICES
INTERIOR/EXTERIOR MOTION ACTIVATED SECURITY LIGHTS

**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:

No \_\_\_\_\_ Yes ✓

<b>OUTDOOR BUILDING MAINTENANCE</b>
<b>KEEP OUTDOOR AREA FREE OF TRASH AND DEBRIS</b>
<b>PROVISION TO ASSURE PROMPT SNOW AND ICE REMOVAL</b>
<b>CLEANING INSIDE OF AGENCY INCLUDING EQUIPMENT</b>
<b>PROVISION FOR INSIDE/OUTSIDE MAINTENANCE</b>
<b>PROVISION FOR PROFESSIONAL CARPET/FLOOR CLEANING (MIN. OF ONCE A YEAR)</b>
<b>PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES</b>

### 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?

I am a very hands-on business owner. I will review records, procedural logs, and answer employee questions and concerns on a daily basis.

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?

As a licensed attorney I will make sure that I read all the current statutory laws, rules, guidelines, and procedures to become acquainted with the procedural process. I will have weekly meetings with the staff to review these policies and procedures and ensure that they are properly implemented by all staff.

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

Staff will be trained to identify identity theft-related concerns. Including identifying counterfeit immigration documents, counterfeit birth certificates, social security cards created on a personal computer. Presentation of a legitimate birth certificate that belongs to another person. Anyone suspected of committing driver license fraud will be reported to the proper authorities. Our office will conduct community awareness programs on identity theft-related concerns.

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?

As stated above the staff will be expected to attend a weekly meeting in which all personnel will be required to attend.

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

I will set an example for my employees by providing stellar customer service to everyone I encounter. I will also treat my employees with respect and dignity. I believe the golden-rule is essential in any work environment. The principle of treating others as you want to be treated is the way I have always run and operated myself in any business setting.

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

I realize my staff models their behaviors after me, so my priority is to act in a way that I will expect my employees to act. This includes:

- A) Discourage office gossip.
- B) Develop a mentoring program
- C) Treat my employees as long-term assets to the company. This includes working with my staff members individually to develop a career plan to move up the ladder and motivate them.

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

I am an educator at Edison Community College. As such, I will use the work board at Edison which is disseminated to other local colleges and several high-schools. I will also become involved with the career centers at the local schools where the BMV location is situated. Finally, I will rely on my staff to bring me solid leads for potential employees.

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

Implementation of:

- 1) Educating the staff on safety protocols so that they know what to do and where to go in case of danger.
- 2) Checking all devices to make sure that they are in good working order and safe to use. Securing all electrical outlets and cords to make sure they are not damaged.

Constant checkups will make employees feel safer and more protected and will help to reduce the risk of any danger.

9. How would you deal with an irate customer?

- 1) I remain calm;
- 2) I don't take it personally;
- 3) I use my best listening skills;
- 4) Actively sympathize;
- 5) Apologize gracefully;
- 6) Work to find a solution;

Finally, after the encounter is over, I will take a few minutes to disengage.

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

Teach all employees the six-step plan I have outlined above. Irate customers are a part of any business. It is crucial that employees learn a routine in how to deal with that issue when it avails itself.

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

By training, learning, calling fellow BMV owners for advice, and most of all by being humble enough to realize the BMV has a proven method that works. My job is to learn those policies and implement them at my agency.

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

I have 20-plus years of sales and customer service experience. As a licensed attorney I bring a unique perspective to the BMV. My goal is to be able to teach my staff how to follow all the guidelines, laws, and routines necessary to run a successful agency.). Most of all, I will bring a work ethos to my agency that is rarely witnessed.

### 3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of \_\_\_\_\_ :

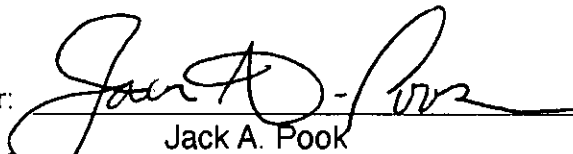
State of Ohio \_\_\_\_\_ :

Jack A. Pook

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 all requirements set forth by the Registrar. 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:

  
\_\_\_\_\_

Jack A. Pook

Printed/typed name of proposer: \_\_\_\_\_

Sworn to and subscribed in my presence by the above named \_\_\_\_\_

Jack Pook

on this \_\_\_\_\_

1<sup>st</sup>

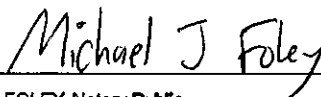
day of \_\_\_\_\_

February

\_\_\_\_\_, 2021

Notary Public

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

  
\_\_\_\_\_

My commission expires: \_\_\_\_\_

MICHAEL J FOLEY, Notary Public  
In and for the State of Ohio  
Commission expires 1/23/2022



# OPERATIONAL EVALUATION (2021)

Jack Pook  
09-C / 21039  
Butler County, Fairfield  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u>	(5)	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	(3)	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement OR Provided Names	(2)	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>228</u> Proposed: <u>246</u>	(4)	*
	B. Work Hours and Pay Calculated Correctly	(2)	0
	C. Meets Minimum Wage Requirement (2021 Ohio Minimum Wage Rate = \$7.25 or \$8.80 Per Hour)	(1)	*
4.4	<b>Start-Up Costs Calculation</b>		
	A. Adequate and Accurate Personnel Costs	(3)	0
	B. Adequate and Accurate Site Preparation Costs	(2)	0
	C. Adequate and Accurate Rental Payments	(2)	0
	D. Total Required: \$ <u>18,220.54</u> On Deposit (Form 3.4): \$ <u>112,740.00</u>	(5)	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	(2)	0
	B. Signed and Properly Notarized	(3)	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

NOTE: Score indicated "\*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: \_\_\_\_\_

	Evaluators' signatures	Printed names	Date
(1)	<u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>3/18/21</u>
(2)	_____	_____	_____

Operational Evaluation (2021)

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Jack Pook

Location Number 09-C

Proposer Number (BMV use only) 21039

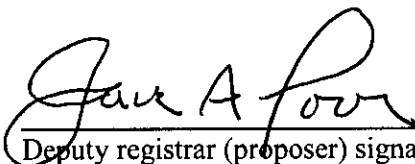
**INSTRUCTIONS:** You must submit one original and one copy of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING**. If you fail to submit a complete set of originals and a complete set of copies **FOR EACH SITE**, you will not be evaluated for those sites.

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	1
4.1	Appointment of Agency Managers	✓	1
4.2	Experienced Employees Summary	✓	1
4.3	Staffing and Personnel Costs Calculation	✓	1
4.4	Start-Up Costs Calculation Amount: \$ <u>18,220.54</u>	✓	1
4.5	Deputy Registrar Contract (2 pages only)	✓	1
			6

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Jack Pook Location number: 09-C

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 36 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open to the public for business. This twenty-hour requirement does not apply to County Auditors, Clerks of Courts, or nonprofit corporations.
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- ☒ Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- ☐ Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.

  
Deputy registrar (proposer) signature

Date: 2-1-2021

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Jack Pook Location number: 09-C

(A) HIRING EXPERIENCED EMPLOYEES. I certify that if I am appointed as a deputy registrar under contract with the Registrar of Motor Vehicles, I will make every good faith effort to hire and retain qualified employees who have relevant experience working in a deputy registrar agency. I agree to make bona fide offers of employment at comparable wages and under comparable conditions to their most recent deputy registrar employment experience.

(B) CHECK WHICHEVER APPLIES:



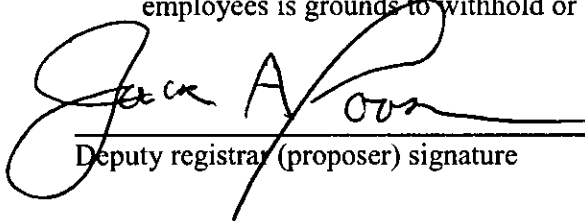
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant experience working in a deputy registrar agency. **Please do not contact any deputy registrar employees until after you have been awarded a contract.**



I AM OR HAVE BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have identified the following persons to whom I will make a bona fide offer of employment at comparable wages and under comparable conditions to their present employment. (A deputy registrar or a proposer who has deputy registrar employment experience may list himself or herself here):

Name of Experienced Employee	Length of Experience

(C) I understand that failure to hire properly qualified and experienced deputy registrar employees is grounds to withhold or terminate my deputy registrar contract.

  
Deputy registrar (proposer) signature

Date: 2-1-2021

**Form 4.2, Experienced Employees Summary (2021)**

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Jack Pook Location number: 09-C

**Instructions.** Use this form to project the number of hours the deputy registrar, office manager, assistant office manager, and all other experienced (if known) and/or new hire employees will work, the projected hourly wages paid, and the weekly and monthly payroll costs.

The deputy registrar shall be regularly scheduled and on duty at the license agency at least twenty (20) hours per week, during regular business hours. This twenty-hour requirement does not apply to nonprofit corporations, county auditors, or clerks of court. The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

The projected total weekly work hours for the deputy registrar and all employees should equal or exceed the minimum staffing recommended for the Class Size Agency as prescribed in the Agency Specifications.

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$323,000 per year and \$8.80 per hour by businesses with gross receipts of \$323,000 or more per year.

The deputy registrar need not list any salary or wages for the deputy's own service as deputy registrar or as the office manager.

**Caution.** For deputy registrars who also serve as the office manager, be careful not to duplicate hours worked.

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	36.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)				
Assistant Office Manager	40.00	\$ 15.00	\$ 600.00	\$ 2,400.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>4</u>	160.00	\$ 12.00	\$ 1,920.00	\$ 7,680.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u>	10.00	\$ 10.00	\$ 100.00	\$ 400.00
<b>TOTALS</b>	<b>246.00</b>	<b>N/A</b>	<b>\$ 2,620.00</b>	<b>\$ 10,480.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Jack Pook Location number: 09-C

The purpose of this form is to assure the BMV that you are financially able to cover the costs of beginning a deputy registrar business. We need to know that you have enough financial resources to cover your personnel, site preparation, and site rental costs.

### 1. PERSONNEL COSTS (FOUR WEEKS)

Use Form 4.3 to calculate four (4) weeks' personnel costs for this location.

\$ 10,480

### 2. SITE PREPARATION COSTS (AMORTIZED)

A. If this is a Deputy Provided Site, calculate and enter the actual projected costs you will need to spend to prepare the building for use as a deputy registrar agency in each of the following categories:

- |                           |                                |
|---------------------------|--------------------------------|
| 1. Building Modifications | \$ <u>                    </u> |
| 2. Counter Costs          | \$ <u>                    </u> |
| 3. Other Costs            | \$ <u>                    </u> |
| 4. Total                  | \$ <u>                    </u> |

Total amortized over 60 month contract period  
(Divide line 4 by 60) = \$ 0

B. If this is a BMV Controlled Site, enter the information contained in the Agency Specifications for this location. Do not change the information from the Agency Specifications.

\$ 0

### 3. AGENCY RENTAL PAYMENTS (3 MONTHS)

A. If this is a Deputy Provided Site, enter the actual amount you will pay to rent or lease this site.

B. If this is a BMV Controlled Site, enter the estimated rent listed in the Agency Specifications for this site. Do not change the amount listed.

One month's rent: \$ 2580.18 x 3 = \$ 7740.54

### TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent]

\$ 18,220.54

**STATE OF OHIO**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BUREAU OF MOTOR VEHICLES**  
**DEPUTY REGISTRAR CONTRACT – 2021**

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Jack Pook \_\_\_\_\_, (deputy registrar, herein) whose home mailing address is \_\_\_\_\_ (City) \_\_\_\_\_, Ohio (Zip) \_\_\_\_\_, to operate a deputy registrar agency, Location No. 09-C \_\_\_\_\_, to be located as follows: in the State of Ohio, County of Butler \_\_\_\_\_ City/Village/Township (indicate which) city \_\_\_\_\_ of Fairfield \_\_\_\_\_ Street address: 530 Wessel Dr \_\_\_\_\_ (City) Fairfield \_\_\_\_\_, Ohio (Zip) 45014

**WHEREAS**, the Registrar of Motor Vehicles, pursuant to section 4503.03, section 4507.01, and other applicable sections of the Ohio Revised Code, wishes to appoint and contract the above named person as deputy registrar for the above referenced location;

**WHEREAS**, the above named deputy registrar wishes to accept this appointment and contract as deputy registrar;

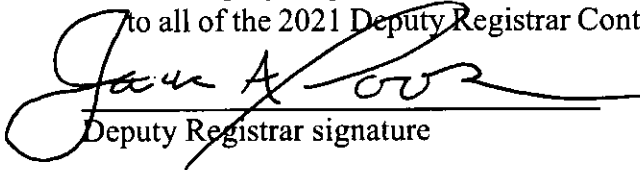
**NOW, THEREFORE, IT IS AGREED AS FOLLOWS:**

1. The Registrar hereby appoints the above named person as a deputy registrar subject to the 2021 Deputy Registrar Contract Terms and Conditions which are incorporated herein by reference;
2. The above named person hereby accepts appointment as a deputy registrar subject to the 2021 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 27<sup>th</sup> day of **June, 2021**, and shall end on the 27<sup>th</sup> day of **June, 2026**, unless otherwise terminated as provided herein;

**Form 4.5, Deputy Registrar Contract (2021)**

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:  
an individual

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2021 Deputy Registrar Contract Terms and Conditions incorporated herein.

  
Deputy Registrar signature

2-1-2021

Date

STATE OF OHIO :

COUNTY OF Montgomery :

Before me, a notary public in and for said county and state, personally appeared the above named Jack Pook, who acknowledged that he or she did sign the foregoing instrument and that the same is his or her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 1st day of February 2021.

  
NOTARY PUBLIC

Printed name of Notary Public: Michael Foley

MICHAEL J FOLEY, Notary Public  
in and for the State of Ohio  
Commission expires 1/23/2022

My commission Expires: \_\_\_\_\_

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

BY: \_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on  
\_\_\_\_\_