# PAYROLL COMPARISON – 2022

## Proposer Name: Thomas Vorell

## Evaluator Printed Name: Robert A. Fragale

### PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

<table>
<thead>
<tr>
<th>Location Number(s)</th>
<th>Loc. 1</th>
<th>Loc. 2</th>
<th>Loc. 3</th>
<th>Loc. 4</th>
<th>Loc. 5</th>
<th>Loc. 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Rate</td>
<td>$22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest Rate</td>
<td>$12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hours Recommended</td>
<td>268</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hours Proposed</td>
<td>275</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Monthly Wages</td>
<td>$15,060</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Comments:

- 
- 
- 
- 
- 
-
**PERSONAL EVALUATION (2022)**

**Evaluators’ Signatures**

<table>
<thead>
<tr>
<th>Number</th>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>W. A. Fragale</td>
<td>Robert A. Fragale</td>
<td>5/2/22</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation Team Number:** 1

**Location(s) Proposed:** (#1) Q 18

**Proposed as 2nd Location:** ✔

**Verify Proposer's Full Name:** (#2) Thomas A. Vorell

**Proposer's County of Residence (NPC Operation):** (#4)

**Verify Proposer's Driver's License Number:** (#6)

**Proposing as Minority:** (#9) Yes ☑ No ☒

**Proposing as:** (#10) Individual ☑ Clerk of Courts ☒ Co. Auditor ☒ Nonprofit Corp.

---

**SCORING SUMMARY**

<table>
<thead>
<tr>
<th>Section</th>
<th>Max. Points</th>
<th>Points</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 3.0, PERSONAL CHECKLIST</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 2</td>
<td>55</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 5</td>
<td>28</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 6</td>
<td>17</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 7</td>
<td>27</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>PERSONAL EVALUATION, Page 8</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td><strong>258</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

---

Personal Evaluation, Page 1 of 8 (2022)
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)  
   OK: 5  NO: *

2. Proposer does not hold an overlapping deputy registrar contract? (#13)  
   If contract overlaps, what is the expiration date of the contract?         
   OK: 0  NO: 0

3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)  
   OK: 5  NO: *

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)  
   OK: 5  NO: *

5. Proposer is not a State of Ohio employee or will resign? (#19)  
   OK: 5  NO: *

6. Proposer is not an active insurance agent or is nonprofit? (#20)  
   OK: 5  NO: *

7. Proposer states no criminal conviction within the last 10 years? (#21)  
   OK: 5  NO: *

8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)  
   OK: 5  NO: *

9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)  
   OK: 5  NO: *

10. Proposer can meet bond requirements? (#24 and acceptable proof)  
    OK: 5  NO: *

11. Acceptable educational information OR nonprofit corporation? (#25)  
    OK: 5  NO: 0

12. Proposer has computer training or experience? (#26)  
    OK: 5  NO: 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: Verified at telephone (  ) ________________

Company: Mayfield Hts- Golden Gate License Bureau

Relationship: ________________________________

Verified experience as: Deputy Registrar Agency Owner (50) X Other Business Owner (34) ______
Manager or Supervisor (25) ________ Deputy Registrar Employee (23) ________ Other Employee (20) ________

Hours per week: 40

From (date): 6/2/08 To (date): Present Length: 14 yrs

Verified Hours 40 = Factor 1 x Years 14 x Points 50 = 700

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 ________ = ________

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**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>NA = 1.0 x 14 x 50 =</td>
<td>700</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>NA = 1.0 x 50 =</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>NA = 1.0 x 50 =</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal of 13-A, 13-B & 13-C = 700

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># = x x 34 =</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># = x x 34 =</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 34 =</td>
<td>34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal of 14-A, 14-B & 14-C =

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># = x x 25 =</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># = x x 25 =</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 25 =</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY</th>
<th>HOURS = FACTOR x YEARS x POINTS</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># = x x 23 =</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># = x x 23 =</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 23 =</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td># = x x 23 =</td>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AGENCY/COMPANY</th>
<th>HOURS = FACTOR x YEARS x POINTS</th>
<th>SCORE</th>
<th>VERIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td># = x x 20 =</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td># = x x 20 =</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td># = x x 20 =</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td># = x x 20 =</td>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, Page 4 of 8 (2022)
### PERSONAL EVALUATION

<table>
<thead>
<tr>
<th>18. Form 3.3 – Customer Service Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Are funds in acceptable financial institution and verified with bank/teller stamp?</td>
</tr>
<tr>
<td>B. Are funds in proposer’s or proposer’s business name or joint with spouse?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did proposer mark &quot;NO&quot; for every category, every year? (For Nonprofit Corporations, evaluate both Corporation’s and CEO’s Form 3.5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Form 3.6 – Personnel Policy Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does proposer agree to provide/maintain a written personnel policy covering the following:</td>
</tr>
<tr>
<td>A. Hiring employees with deputy registrar agency experience?</td>
</tr>
<tr>
<td>B. Equal Employment Opportunity?</td>
</tr>
<tr>
<td>C. Employee training by the deputy registrar?</td>
</tr>
<tr>
<td>D. Participation in BMV provided training?</td>
</tr>
<tr>
<td>E. Evaluation of employee performance?</td>
</tr>
<tr>
<td>F. Grounds for discipline or dismissal/termination (list)?</td>
</tr>
<tr>
<td>G. Progressive disciplinary steps?</td>
</tr>
<tr>
<td>H. Dress code with list of acceptable attire?</td>
</tr>
<tr>
<td>I. Dress code with list of unacceptable attire?</td>
</tr>
<tr>
<td>J. A policy for maintaining the professional appearance of all staff at all times?</td>
</tr>
<tr>
<td>K. Fringe benefits (beyond those required by law or contract)?</td>
</tr>
</tbody>
</table>

**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: ________________________________________________________________

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Personal Evaluation, Page 5 of 8 (2022)
### PERSONAL EVALUATION

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. An electronic alarm system? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>B. Alarm system monitored 24 hours, off-site? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>E. Motion detectors connected to alarm system? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>F. Alarm monitored contacts on all exterior doors? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>G. Alarm monitored contacts on all exterior windows? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>H. Video recording camera surveillance system? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>I. Safe or secured locking cabinet? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO</td>
<td>OK</td>
<td>NO</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Indoor/Outdoor maintenance and cleaning?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B. Prompt snow and ice removal?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C. Carpet and/or floor cleaning (if appropriate)?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D. Repainting?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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, Page 6 of 8 (2022)
### PERSONAL EVALUATION

24. Form 3.9 – Involved and Invested in Your Business

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do you plan to manage, be responsible, and be accountable for this business at all times?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>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?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. What measures will you put in place to detect, deter, and prevent fraud?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>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?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. How will you demonstrate good leadership to your employees?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. How will you maintain a high level of professionalism each day in this business?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. How do you intend to recruit and retain high quality employees?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. How will you provide a safe, clean, and friendly place to do business?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. How would you deal with an irate customer?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. What training or advice do you, or will you, give to your employees for dealing with irate customers?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful?</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>B. Is it the affidavit duly signed and notarized?</td>
<td>2</td>
<td>*</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. No disqualifying convictions for individual / AOI for nonprofit corporation?</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>B. No convictions (except minor traffic) / AOI for nonprofit corporation?</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>OK</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disqualifying convictions for individual / AOI for nonprofit corporation?</td>
<td>5</td>
<td>*</td>
</tr>
</tbody>
</table>

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

Personal Evaluation, Page 7 of 8 (2022)
Credit Reports are not required for County Auditors and County Clerks of Courts

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Credit report submitted contains credit score?</td>
<td>(2)</td>
<td>0</td>
</tr>
<tr>
<td>B. No tax liens (state or federal)?</td>
<td>(4)</td>
<td>0</td>
</tr>
<tr>
<td>C. No judgments for the past 36 months?*</td>
<td>(3)</td>
<td>0</td>
</tr>
<tr>
<td>D. *No bankruptcy filed or trusteeship imposed for the past 36 months?</td>
<td>(2)</td>
<td>0</td>
</tr>
<tr>
<td>E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?</td>
<td>(3)</td>
<td>0</td>
</tr>
<tr>
<td>F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?</td>
<td>(1)</td>
<td>0</td>
</tr>
</tbody>
</table>

* Exclude minor medical judgments and disputed items with good cause explanation.

## 29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
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<td>(2)</td>
<td>0</td>
</tr>
</tbody>
</table>

### PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points)

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

Comments:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Personal Evaluation, Page 8 of 8 (2022)
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:

18-Q

✓

2. Full legal name of proposer

Thomas R. Vorell

3. Proposer’s street address

City

State OH

Zip code

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

5. Daytime telephone

Home telephone

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

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

Jennifer A. Vorell

8. Spouse’s home 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.

Form 3.1, Personal Questionnaire, Page 1 of 6 (2022)
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? 06-29-2024

   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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Same Household</th>
<th>Contract Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Same Household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Employment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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 __

Form 3.1, Personal Questionnaire, Page 3 of 6 (2022)
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)

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

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? Yes

High school name Ravenna High School
City Ravenna State OH Zip 44266

College name University of Akron
City Akron State OH Zip 44308
Major Industrial Management Degree awarded B.S. Business Administration

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.) Yes

Form 3.1, Personal Questionnaire, Page 4 of 6 (2022)
If "YES" please explain all computer experience in detail.
I have been a deputy registrar since 1992 and have actively been engaged in the business. I have attended continuous training updates on the BMV computer system. In addition to that training and constant use of BMV computers in running my agency, I have also been using both business and personal computers for over 30 years. In fact, my earliest use of computers was a computer class in the 1970's, well before most people had ever used one.

27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.

A. Name Jeff Lawler
   Daytime telephone number [Redacted]
   City [Redacted] State OH Zip [Redacted]
   List any special instructions for contacting this person during business hours:

B. Name Chris Hopkins
   Daytime telephone number [Redacted]
   City [Redacted] State OH Zip [Redacted]
   List any special instructions for contacting this person during business hours:

C. Name Anthony Thomas
   Daytime telephone number [Redacted]
   City [Redacted] State OH Zip [Redacted]
   List any special instructions for contacting this person during business hours:

Form 3.1, Personal Questionnaire, Page 5 of 6 (2022)
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 Thomas R. Vorell Company name Mayfield Hts-Golden Gate License Bureau

Company address 1593 Golden Gate Plaza City Mayfield Hts

State OH Zip 44124 Telephone (440) 461-2920

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

Company's products and/or services Ohio BMV agency issuing driver licenses, state id cards, vehicle registrations, out of state inspections, voter registration, reinstatement, etc.

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): Sub S Corp

1. Federal Tax ID Number:  

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

3. Dates you operated this business: From: month 6 year 2008 To: month 2 year 2022

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? 15

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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawn Zwetzig-BMV</td>
<td></td>
<td>OH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dino Alfano-BMV</td>
<td></td>
<td>OH</td>
<td></td>
<td></td>
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<tr>
<td>Joel Schmittgen-BMV</td>
<td></td>
<td>OH</td>
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</tbody>
</table>

Form 3.2(A), Business Ownership Experience, Page 2 of 4 (2022)
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 Thomas R. Vorell Company name Thomas R. Vorell
Company address 2383 South Main St D101 City Akron
State OH Zip 44319 Telephone (330) 724-8500
Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Company's products and/or services Ohio BMV agency issuing driver licenses, state id cards, vehicle registrations, out of state inspections, voter registration, etc.

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

1. Federal Tax ID Number: ____________

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


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? 10

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.)

<table>
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<th>Name</th>
<th>City</th>
<th>State</th>
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<th>Daytime Phone</th>
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<tbody>
<tr>
<td>Dawn Zwetzig-BMV</td>
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<tr>
<td>Dino Alfano-BMV</td>
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<tr>
<td>Joel Schmittgen-BMV</td>
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</table>

Form 3.2(A), Business Ownership Experience, Page 2 of 4 (2022)
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  Thomas R. Vorell  Company name  Marc Glassman Inc

Company address  5841 W 130th  City  Cleveland

State  OH  Zip  44130  Telephone ( 440 )  265-7700

Type of business (deputy registrar, retail grocery, etc.)  Deep discount retailer

Management/supervisory duties  Assisted manager at a large Marc's store. Supervised entire store in absence of store manager, directed employees in entire operation.

MANAGER OR SUPERVISOR - Job title:  Assistant Manager

1. Title of position  Assistant Manager  Hours worked weekly?  50+

2. Dates this position was held: From: month  10  year  1991  To: month  9  year  1992

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?  50+

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  Marc's Human Resources  City  State  OH  Zip  Daytime Phone

www.wageverify.com  ( )

Form 3.2(B), Management and/or Supervisory Experience, Page 3 of 4 (2022)
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  Thomas R. Vorell  Company name  Giant Eagle #0657

Company address  1880 West Market St  City  Akron

State  OH  Zip  44313  Telephone (  ) disconnected

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

Company's products and/or services  Full service grocery store: produce, meat, deli, staples, beer/wine

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): 50

1. Federal Tax ID Number:  not available

2. Percentage of business you owned:  50  %  Hours worked weekly  60


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?  40

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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giant Eagle Inc</td>
<td></td>
<td>PA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 3.2(A), Business Ownership Experience, Page 2 of 4 (2022)
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):

As an active Deputy Registrar who has also been an office manager since 1992, I am involved every day in the training and performance of my employees. Employees are trained to "go the extra mile" in order to aid customers. This is done by reviewing their situation and if we are not able to complete their transaction, we assist them by giving correct, complete advice as to what is needed to complete the issuance. A sense of urgency and empathy is also shown. I have been able to build a core of veteran staff at my current agency and my customers have grown to trust my employees knowledge and advice. Due to the volume of transactions in my agency, I instituted an Express Line for vehicle registration renewals so as to process the shorter time transactions and reduce customer wait. This was never more evident than during the period in July 2020 when the Covid extension period ended. My agency, with eight terminals, was among the highest output in the state for the days directly after the extension when the Citizens of the State of Ohio were in greatest need of service. I cannot overstate the importance of properly training staff in order to achieve exceptional customer service. This can only be achieved by minimizing turnover of employees, which is a challenge in the current economic climate. New employees are paired with experienced staff for a period that averages two weeks. Their progress is monitored and as they show competence they work more on their own. We have multiple people trained to sign off on driver license issuances to minimize wait. Customer's Q-flow numbers are marked absent to customers that need to leave the agency and indicate that they will return instead of just closing the number. When closed, my phone system has an auto-attendant which provides information, hours of operation and phone numbers of various BMV and county offices as well as the BMV website address for compliant issuance information. I also have an agency website that provides agency information and links to BMV information.

Form 3.3, Customer Service Experience (2022)
3.4 START-UP COST FUNDS ON DEPOSIT
(Not required for County Auditors or Clerks of Court)

Proposer’s Name: Thomas R. Vorell

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: Thomas R. Vorell

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

Bank Name: Huntington Bank

Bank Address: 6341 Mayfield Rd

Bank City: Mayfield Hts

Bank State: OH

Bank Zip: 44124

Bank Phone: (216) 5150011

Account Number: [Redacted]

Total Funds on Deposit: $25004.43

(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.)

FEB 01 2022

Bank or Teller’s Official Stamp: 66-2824

Date: 2.01.2022

Teller’s Signature: [Signature]

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

Form 3.4, Start-up Cost Funds on Deposit (2022)
3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

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

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

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

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

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

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

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

Name: Thomas R. Vorell

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.

<table>
<thead>
<tr>
<th>RECIPIENT</th>
<th>JAN 1 - DEC 31 2019</th>
<th>JAN 1 - DEC 31 2020</th>
<th>JAN 1 - DEC 31 2021</th>
<th>2022 To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Democratic Party including PACs and Associations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Republican Party including PACs and Associations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Any other Party including PACs and Associations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Governor, Candidate and Committee</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Attorney General, Candidate and Committee</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Secretary of State, Candidate and Committee</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Treasurer of State, Candidate and Committee</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Auditor of State, Candidate and Committee</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>State Senator, Candidate and Committee</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>State Representative, Candidate and Committee</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>

Form 3.5, Political Contributions Report (2022)
### 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?

Yes [ ]

No [ ]

**COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:**

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

Form 3.6, Personnel Policy Summary (2022)
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?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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.

Form 3.7, Security Plan Summary (2022)
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:

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

No _______ Yes ☑

Form 3.8, Facility Maintenance Plan Summary (2022)
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 plan to be actively involved in managing the agency and having constant contact with the office manager of the agency. I will require that staff at the agency is well trained and capable of handling almost any situation that arises on their own. I will also have the ability to be contacted by cell phone if not physically in the agency. Constant monitoring of the agency and reviewing the work of the office manager and employees to ensure that it is in accordance with law and policy is vital.

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?

   By following BMV policies and procedures, utilizing supervisors to verify and sign, and later making sure that applications are reviewed to see that laws, rules guidelines and procedures have been followed and that issuances are good. I have used the video security system to check on issuance procedures. Supporting documentation, when required, will also be checked to make sure that it is adherence to policy.

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

   All personnel at this agency will be given fraud training in accordance with BMV policy. Documents will be verified for authenticity an system images will also be checked. If it is determined that an issuance or document might be questionable, then fraudulent document procedures will be followed and documents confiscated. If necessary, local law enforcement will be called. Reviewing previous work will be a secondary check to detect, deter and prevent fraud.

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

   To ensure that employees have read policy and procedure changes issued in broadcasts, I have a three ring binder into which a copy of the printed broadcast is put. Each employee is required to read and initial the paper copy of the broadcast once understood. These initials are checked by the supervisor to make sure that all employees have initialed. If there are questions concerning the broadcast, they are addressed at that time.

Form 3.9, Involved and Invested in Your Business, Page 1 of 3 (2022)
5. How will you demonstrate good leadership to your employees?

Good leadership is fair, firm and has expectations attached. I have an open door policy with my employees and they are welcome to sit and discuss matters with me at any time. This also serves to reduce turnover at the agency since the employee has the opportunity to resolve issues since they will see me regularly. It is my responsibility to set the example of what my expectations are of the supervisory staff and employees.

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

I maintain a high level of professionalism by demanding strict standards with regard to the operation of the agency. I expect employees to have a sense of urgency with regard to customers, to acknowledge them quickly in a friendly manner, provide accurate service while adhering to state law and policies, and thanking the customer for their business. It is no more difficult than treating a customer in the manner that I would like to be treated.

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

While recruiting and retaining high quality employees is challenging, I have show a truck record at my current agency that I can accomplish this through a variety of ways. With regard to recruiting, I have found that when possible, on of the best ways is to find prospects from employees or friends. These people are recommended by people that I have a level of trust. Retaining employees is accomplished by providing a work atmosphere that is professional, yet employee friendly and considerate of their needs.

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

We maintain a regular cleaning routine and during slower periods of business, we will give additional cleaning. A safe environment for customers and employees is essential. We will have hold up buttons as part of the security system, a video recording system, and will develop a great working relationship with local law enforcement. Keeping employees happy is key to a friendly customer experience. As an example, at my current agency, I will on ocassion provide lunch to employees for special dates or sometimes for no reason at all.

9. How would you deal with an irate customer?

There is a skill to adhering to laws and policies while trying to provide options for the customer. A customer is often irate because they feel that they are not being heard or because there is no concern for their situation. By calmly explaining to the customer that we want to help them and by trying to provide other options for documents, we can often smooth a situation. We will often either mark them absent in Q-flow instead of closing a number when they will return that day, or offer a line pass in certain instances if they cannot return the same day.
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?

The first advice to an employee in dealing with an irate customer is to remain calm. Employees should try to be empathetic to the customer and make sure that they understand what the customer is looking to accomplish and the reason that they have become upset. They should assure the customer that they are trying to help and provide other options that would be a solution for their issue. Finally, if needed, they should obtain the help of a supervisor to see if any other alternatives might be possible.

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

Personnel will be coached in efficiency, accuracy, courtesy and "going the extra mile" to meet or exceed expectations of the Bureau of Motor Vehicles. Signs will direct customers to the Q-flow kiosk or to the Express Vehicle Renewal line. Staffing will be geared to anticipate customer flow based on location history. Well-trained personnel will offer outstanding customer service and patrons will leave after a short visit with a positive feeling especially toward the State of Ohio.

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

I believe that through my almost 30 years of being a deputy registrar and successfully operating two different locations - Mayfield Heights being a very challenging one which prior to my arrival had a succession of deputies with short terms is proof of my ability to serve the State of Ohio operating an agency. I grew the volume of Mayfield Heights substantially, which can be directly attributed to giving exceptional service to my customers. I have shown an ability to maintain strict standards for operation and have held my employees to those standards. We have minimal customer complaints, and given the fact that Mayfield Heights is a driver exam location and we are regularly dealing with much more involved transactions than other deputy registrar locations, it is a very large achievement. I have continued to lead my agency on a path that has raised its image to the point where my customers regularly remark how much the agency has improved. It is my belief that all deputy registrar agencies, but especially driver exam locations, can present challenges. It is also my belief that those agencies that are the most challenging require leadership that has the most experience, knowledge and drive to ensure that customers are given excellent service, and that the same time, transactions re issued in accordance with State of Ohio laws and policies and procedures directed by the Bureau of Motor Vehicles. I believe that I will bring the necessary knowledge, drive and experience to the Parma Heights location to ensure it's success.
3.10(A) AFFIDAVIT OF INDIVIDUAL
(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of Cuyahoga:

State of Ohio:

I, Thomas R. Vorell, 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: _____________________________

Printed/typed name of proposer: Thomas R. Vorell

Sworn to and subscribed in my presence by the above named Thomas Vorell

on this 31 day of Jan, 2022

Notary Public

Printed name of Notary Public: Amy Darroch

My commission expires: Nov 15, 2026

Form 3.10(A), Affidavit of Individual (2022)
# Operational Evaluation (2022)

**Operational Checklist - Maximum = 6 Points**

- **4.0** Operational Checklist - Maximum = 6 Points
  
  (enter points recorded on bottom of Form 4.0)

- **4.1** Appointment of Agency Managers
  
  A. Deputy to Work at Least Twenty (20) Hours Per Week
  
  Proposed Work Hours Per Week: 20

  - **5**
  
  B. Appointment of Manager and Assistant OR Acceptable Statement

  - **3**

- **4.2** Experienced Employees Summary

  Gave Acceptable Statement OR Provided Names

  - **2**

- **4.3** Staffing and Personnel Calculation

  A. Hours Recommended: 268

  Proposed: 275

  - **4**

  B. Work Hours and Pay Calculated Correctly

  - **2**

  C. Meets Minimum Wage Requirement

  (2022 Ohio Minimum Wage Rate = $7.25 or $9.30 Per Hour)

  - **1**

- **4.4** Start-Up Costs Calculation

  A. Adequate and Accurate Personnel Costs

  - **3**

  B. Adequate and Accurate Site Preparation Costs

  - **2**

  C. Adequate and Accurate Rental Payments

  - **2**

  D. Total Required: $25,643.33

  On Deposit (Form 3.4): $25,004.43

  - **6**

- **4.5** Deputy Registrar Contract

  A. Filled Out Completely and Properly

  - **2**

  B. Signed and Properly Notarized

  - **3**

**Operational Evaluation Points (Max. 40 Points)**

- **38**

**Comments:**

* New hire employee hours listed incorrectly.

Should be (140) instead of (20).

**Evaluators' Signatures**

<table>
<thead>
<tr>
<th>Evaluator 1</th>
<th>Evaluator 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark A. Fragale</td>
<td>Robert A. Fragale</td>
</tr>
</tbody>
</table>

**Printed Names**

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Name 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark A. Fragale</td>
<td>Robert A. Fragale</td>
</tr>
</tbody>
</table>

**Date**

- **3/2/22**
4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Thomas R. Vorell
Location number: 18-Q

(A) **DEPUTY REGISTRAR:** As deputy registrar, I agree to work in the agency at least ______ 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.

- [x] 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: 01/31/2022

Form 4.1, Appointment of Agency Managers (2022)
4.2 EXPERIENCED EMPLOYEES SUMMARY

Thomas R. Vorell

Proposer's name: ____________________________ Location number: ____________________________

(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):

<table>
<thead>
<tr>
<th>Name of Experienced Employee</th>
<th>Length of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas R. Vorell</td>
<td>29+ years</td>
</tr>
<tr>
<td>Xavier Bell</td>
<td>9 years</td>
</tr>
<tr>
<td>Shelby Federer-Timms</td>
<td>9 months</td>
</tr>
<tr>
<td>Current 18-Q employees will be offered positions</td>
<td></td>
</tr>
</tbody>
</table>

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

[Signature]

Deputy registrar (proposer) signature

Date: 01/31/2022

Form 4.2, Experienced Employees Summary (2022)
4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Thomas R. Vorell

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 Unites 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 $342,000 per year and $9.30 per hour by businesses with gross receipts of $342,000 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.

<table>
<thead>
<tr>
<th>EMPLOYMENT POSITION</th>
<th>PROJECTED HOURS PER WEEK</th>
<th>PROJECTED HOURLY RATE</th>
<th>PROJECTED WEEKLY PAY</th>
<th>PROJECTED MONTHLY PAY (weekly x 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Registrar</td>
<td>20.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Office Manager</td>
<td>40.00</td>
<td>$22.00</td>
<td>$880.00</td>
<td>$3,520.00</td>
</tr>
<tr>
<td>(leave blank if the Deputy Registrar is also the Office Manager)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Office Manager</td>
<td>40.00</td>
<td>$17.00</td>
<td>$680.00</td>
<td>$2,720.00</td>
</tr>
<tr>
<td>Experienced Employees</td>
<td>35.00</td>
<td>$15.00</td>
<td>$525.00</td>
<td>$2,100.00</td>
</tr>
<tr>
<td>Total Number (combine Full-time &amp; Part-time) = 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hire Employees</td>
<td>28.00</td>
<td>$12.00</td>
<td>$1,680.00</td>
<td>$6,720.00</td>
</tr>
<tr>
<td>Total Number (combine Full-time &amp; Part-time) = 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>275.00</td>
<td>N/A</td>
<td>$3,765.00</td>
<td>$15,060.00</td>
</tr>
</tbody>
</table>

Form 4.3, Staffing and Personnel Calculation (2022)
4.4 START-UP COSTS CALCULATION

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.

$ 15060.00

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 $ 30000.00
2. Counter Costs $ 12000.00
3. Other Costs $ 5000.00
4. Total $ 47000.00

Total amortized over 60 month contract period (Divide line 4 by 60) $ 783.33

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.

$ 

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: $ 2600. x 3 = $ 7800.00

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] $ 23643.33
STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES DEPUTY
REGISTRAR CONTRACT – 2022

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 Thomas R. Vorel, (deputy registrar, herein) whose home mailing address is ____________________________, Ohio (Zip) ________________, to operate a deputy registrar agency, Location No. 18-Q ____________________________, to be located as follows: in the State of Ohio, County of Cuyahoga

City/Village/Township (indicate which) City of Parma Heights
Street address: 6277A Pearl Rd
(City) Parma Hts, Ohio (Zip) 44130

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 2022 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 2022 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;

3. The term of this appointment and contract shall begin on the 26th day of June, 2022, and shall end on the 26th day of June, 2027, unless otherwise terminated as provided herein;

Form 4.5, Deputy Registrar Contract (2022)
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":]

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2022 Deputy Registrar Contract Terms and Conditions incorporated herein.

[Signature]
Deputy Registrar signature

01/31/2022
Date

STATE OF OHIO

COUNTY OF Cuyahoga

Before me, a notary public in and for said county and state, personally appeared the above named __________________________, 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 31 day of January, 2022.

[Signature]
NOTARY PUBLIC

Printed name of Notary Public: Amy Darroch

My commission Expires: Nov 15 2026

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: __________________________
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

Form 4.5, Deputy Registrar Contract (2022)
5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer’s Full Legal Name ________________________________
Thomas R. Vorell

Location Number ________________________
18-Q

Proposed Site Address ____________________________
6277A Pearl Rd., Parma Hts, OH 44130

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.

ATTENTION: Incumbent deputy registrars applying for contracts at existing license agency locations designated as Deputy Provided Sites are not required to complete and submit all Section 5 forms if the site was approved under the previous RFP and if there have been no changes to the site since the last contract was approved and signed. Under this license agency site provision, form 5.0, page one (1) of form 5.1, and form 5.3 must be completed and submitted with all other required forms and documents.

<table>
<thead>
<tr>
<th>FORM</th>
<th>DESCRIPTION</th>
<th>BMV</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0</td>
<td>Deputy Provided Site Checklist (this form)</td>
<td>✓</td>
</tr>
<tr>
<td>5.1</td>
<td>Site Questionnaire (page 1 only if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td>5.2</td>
<td>ADA Checklist (leave blank if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
<tr>
<td>5.3</td>
<td>Lease Option (required for all proposers, which includes incumbent deputy registrars)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>— filled out, including complete address</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>— signed and notarized</td>
<td>✓</td>
</tr>
<tr>
<td>5.4</td>
<td>Proximity Attachment [for “Proximity” sites only] (leave blank if incumbent deputy registrar proposing existing license agency site)</td>
<td>✓</td>
</tr>
</tbody>
</table>

Proposer provided Site Plan (leave blank if incumbent deputy registrar proposing existing license agency site) | ✓ |
- on 8½ x 11-inch paper | ✓ |
- with complete dimensions | ✓ |

Proposer provided Counter Plan (leave blank if incumbent deputy registrar proposing existing license agency site) | ✓ |
- on 8½ x 11-inch paper | ✓ |
- with complete dimensions | ✓ |

Proposer provided Map (leave blank if incumbent deputy registrar proposing existing license agency site) | ✓ |
- with site clearly marked | ✓ |

Form 5.0, Deputy Provided Site Checklist (2022)
5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 18-Q
   Street address of site 6277A Pearl Rd
   City Parma Hts, Ohio, Zip Code 44130

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. Are you an incumbent deputy registrar applying for a contract at an existing license agency site that
   was approved under your last contract?
   No ☑ Yes _____

5. A. If you answered “No” to question number 4, skip to question number 7, and complete the
   information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.

   B. If you answered “Yes” to question number 4, have there been any changes to the site
      (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals
      with disabilities, and signage)?
      No _____ Yes

6. A. If you answered “No” to question number 5, please print and submit this along with form 5.3
   for compliance with Section Five (5) requirements for this RFP and include it with the
   remainder of your required proposal documents.

   B. If you answered “Yes” to question number 5, list the site changes in the space below and be
      specific with the description(s) of any changes that have been made. Include additional
      supporting documentation and attachments if needed, then stop here. Print and submit this page
      along with any other documentation and attachments for compliance with Section 5
      requirements for this RFP and include it with all other required proposal documents.
7. Do you agree to comply with applicable Ohio Building Code requirements if construction or remodeling is necessary?
   No _______ Yes ☑

8. Is the site located in a city or village?
   city
   Parma Hts
   If not, name of township in which it is located
   Cuyahoga

9. In what county is this site located?

10. Is your proposed site within the geographic area specified in the Agency Specifications?
    No _______ Yes ☑

11. If proposed location is NOT within the geographic area specified in the Agency Specifications, list proposed locations in preferred order of importance starting with “most” important.

12. Have you included a map, with a mark showing the precise location of the proposed site?
    No _______ Yes ☑

13. How many parking spaces are available for this site?
    185 spaces

14. How many other businesses share the parking facilities?
    16 business(es)

15. 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?
    20 feet

16. How many of the parking spaces are off-street (in a lot or garage)?
    185 spaces

17. How many of the parking spaces are paved?
    185 spaces

18. How many of the parking spaces are free (no charge for parking)?
    185 spaces

19. How many of the parking spaces are reserved exclusively for the use of deputy registrar customers?
    5 spaces

Form 5.1, Site Questionnaire, Page 2 of 5 (2022)
20. Do you agree to keep the agency at a reasonable temperature?
   No _____ Yes ___✓___

21. 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. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.*

22. Have you submitted a complete floor plan of the site, showing all dimensions of all the interior areas?
   No _____ Yes ___✓___

23. How much space is allocated for the customer area?
   1105 square feet

24. How much space is allocated for the employee service area?
   606 square feet

25. How much space is allocated for the employee private area?
   522 square feet

26. How much space is allocated for the storage area?
   246 square feet

27. How much space is allocated for the restroom facilities?
   48 square feet

28. How much space is allocated for uses not listed above?
   223 square feet

29. Total square footage of agency?
   2750 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. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.*

30. Have you submitted a counter plan showing all dimensions of your counters?
   No _____ Yes ___✓___

31. Are your counters to be in accordance with RFP counter specifications?
   No _____ Yes ___✓___

Form 5.1, Site Questionnaire, Page 3 of 5 (2022)
32. 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

33. 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: 48 inches

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

   No   Yes ✔

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

   No   Yes ✔

   Actual Total Length (all counters): 42 feet

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

   No   Yes ✔

   Actual Depth: 30 inches

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

   No   Yes ✔

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

   No   Yes ✔

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

   No   Yes ✔

40. 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: 30 Width: 84 Depth: 19

Form 5.1, Site Questionnaire, Page 4 of 5 (2022)
41. Will you have at least one terminal service area which will be readily accessible for use by individuals with a disability?

   No _____   Yes  ✔

42. 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  ✔

43. How many signs do you propose for the location?

   1 _______ signs

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

   Location of signs

   Above front entrance

   Dimensions of signs

   2' x 10' or city ordinance

45. **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.

46. **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  

Form 5.2, ADA Checklist, Page 1 of 7 (2022)
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.

<table>
<thead>
<tr>
<th>Total spaces</th>
<th>Accessible</th>
<th>Total spaces</th>
<th>Accessible</th>
<th>Total spaces</th>
<th>Accessible</th>
<th>Total spaces</th>
<th>Accessible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1 space</td>
<td>26 to 50</td>
<td>2 spaces</td>
<td>51 to 75</td>
<td>3 spaces</td>
<td>76 to 100</td>
<td>4 spaces</td>
</tr>
</tbody>
</table>

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 = 16 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 ☑

Form 5.2, ADA Checklist, Page 4 of 7 (2022)
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  ✔

Form 5.2, ADA Checklist, Page 5 of 7 (2022)
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.

Form 5.2, ADA Checklist, Page 6 of 7 (2022)
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. lower the sink to 34" at the top

B. lower the mirror to 40" at the bottom

C. 

D. 

E. 

F. 

G. 

Form 5.2, ADA Checklist, Page 7 of 7 (2022)
5.3 LEASE OPTION

1. I (we) (owners' complete names) AG&G Company, Ltd

        Helen M. Alexy, General Partner

        of (owners' complete address) [Redacted]

        City [Redacted], State Ohio, Zip [Redacted]

        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
        Cuyahoga, (state whether city, village or township)

        City of Parma Hts. and commonly known as:

        (property's address) 6277 Pearl Road,

        Suite [Redacted]        City Parma Hts.         Ohio, Zip 44130

        to (proposer's name) Thomas R. Vorcell

        of (proposer's address) [Redacted]

        City [Redacted], Ohio, Zip [Redacted]

        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 26th day of June, 2022 and
   shall not terminate before the 26th of June, 2027.

3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and
   shall be held open until the 31st day of May, 2022.

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.

Form 5.3, Lease Option, Page 1 of 2 (2022)
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:

______ HMA 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): AG & G Company, Ltd.

Helen M. Alexy, General Partner

__________________________

STATE OF Ohio:

__________________________

COUNTY OF Cuyahoga:

The foregoing instrument was acknowledged before me on this 1st day of

February, 2022, by the owners, AG & G Company Ltd.

Helen M. Alexy, General Partner

[Notary Seal]

Notarized

Printed Name: Helen M. Alexy

Notary Public - State of Ohio

My commission expires on

I hereby accept this option.

Date: 02-01-22

Optioneer signature, Deputy Registrar Proposer

Form 5.3, Lease Option, Page 2 of 2 (2022)
AGENCY LAYOUT

110'  
25'  45'6"  16'  16'  11'6"

8'
12'
7'

1  2  3  3  4  5

\text{CUSTOMER SEATING}

11'6"  20'6"  7'6"

\begin{tabular}{ll}
\text{SQ FT} & \\
1 & \text{CUSTOMER AREA} & 1105.00 \\
2 & \text{EMPLOYEE SERVICE} & 606.00 \\
3 & \text{EMPLOYEE PRIVATE} & 522.00 \\
4 & \text{STORAGE-SECURE} & 246.00 \\
5 & \text{ADA RESTROOM} & 48.00 \\
6 & \text{UNSECURE STORAGE} & 192.00 \\
7 & \text{TUPIC TESTING AREA} & \\
8 & \text{Q-FLOW LOGIN KIOSKS} & \\
9 & \text{PHOTO CAMERA STATION} & \\
10 & \text{ADA TERMINAL} & \\
\end{tabular}
ADA / PHOTO COUNTER

OPERATOR VIEW

CUSTOMER VIEW
The site chosen for this location shall be in close proximity (evaluated as received) or within the boundaries listed below:

Northern Boundary  –  Snow Road
Eastern Boundary  –  Ridge Road
Southern Boundary  –  Pleasant Valley Road
Western Boundary  –  West 130th Street

NOTE: If proposing a location OUTSIDE the established boundaries, a location WITHIN the established boundaries must also be proposed. All proposed locations, inside and outside of set boundaries, are subject to BMV approval/disapproval.