

OPERATIONAL EVALUATION (2023)

Shane Lieruance
09-A / 23003
Butler County, Hamilton
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>40</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	2	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>214</u> Proposed: <u>226</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2023 Ohio Minimum Wage Rate = \$7.25 or \$10.10 Per Hour)	1	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	3	0
	B. Adequate and Accurate Site Preparation Costs	2	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$ <u>10,453.99</u> On Deposit (Form 3.4): \$ <u>22,745.76</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points)

40

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

Comments:

Evaluators' signatures	Printed names	Date
(1) <u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>2/24/23</u>
(2) _____	_____	_____

Operational Evaluation (2023)

PAYROLL COMPARISON – 2023

Proposer Name: Shane Lieruance

Evaluator Printed Name: Robert A. Fragale

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	09-A					
Highest Rate	\$16.00					
Lowest Rate	\$13.00					
Number of Hours Recommended	214					
Number of Hours Proposed	226					
Total Monthly Wages	\$10,704					

Comments:

PERSONAL EVALUATION (2023)

Shane Lieruance
09-A / 23003
Butler County, Hamilton
BMV Site

Evaluation Team Number: _____

Location(s) Proposed: (#1) 09-A _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Shane Thomas Lieruance

Proposer's County of Residence (NPC Operation): _____

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

Proposing as Minority: (#9) Yes _____ No X

Proposing as: (#10) Individual X Clerk of Courts _____ Co. Auditor _____ Nonprofit Corp. _____

SCORING SUMMARY

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

TOTAL POINTS (Max. 258 Points): 258

Comments: _____

Evaluators' Signatures

Evaluators' Printed Names

Date

(1) Robert A. Fragale Robert A. Fragale 2/24/23

(2) _____

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

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

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

Comments: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone ()

Company: _____

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): 7-2012 To (date): Present Length: 11 years

Verified Hours 40 = Factor 1 x Years 11.0 x Points 50 = 550

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

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.	Deputy Registrar	# NA = 1.0 x 11 x 50 =	550	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =			550	

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 34 =		
B.		# = x x 34 =		
C.		# = x x 34 =		
Subtotal of 14-A, 14-B & 14-C =				

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

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

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

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

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

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

17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

PERSONAL EVALUATION

OK NO

18. Form 3.3 – Customer Service Experience

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

2

0

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

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

5

*

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

5

*

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

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

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

5

*

21. Form 3.6 – Personnel Policy Summary

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

A. Hiring employees with deputy registrar agency experience?

B. Equal Employment Opportunity?

C. Employee training by the deputy registrar?

D. Participation in BMV provided training?

E. Evaluation of employee performance?

F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?

G. Progressive disciplinary steps?

H. Dress code with list of acceptable attire?

I. Dress code with list of unacceptable attire?

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

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

11

0

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

28

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

Comments: _____

PERSONAL EVALUATION

OK NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:		
A. An electronic alarm system? (Mandatory)	13	*
B. Alarm system monitored 24 hours, off-site? (Mandatory)		
C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
E. Motion detectors connected to alarm system? (Mandatory)		
F. Alarm monitored contacts on all exterior doors? (Mandatory)		
G. Alarm monitored contacts on all exterior windows? (Mandatory)		
H. Video recording camera surveillance system? (Mandatory)		
I. Safe or secured locking cabinet? (Mandatory)		
J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)		
K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)		
L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)		
M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?		
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO	OK	NO
23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
A. Indoor/Outdoor maintenance and cleaning?	1	0
B. Prompt snow and ice removal?	1	0
C. Carpet and/or floor cleaning (if appropriate)?	1	0
D. Repainting?	1	0

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

17

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

Comments: _____

PERSONAL EVALUATION

OK NO

24. Form 3.9 – Involved and Invested in Your Business		
1. How do you plan to manage, be responsible, and be accountable for this business at all times?	(1)	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	(1)	0
3. What measures will you put in place to detect, deter, and prevent fraud?	(1)	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	(1)	0
5. How will you demonstrate good leadership to your employees?	(1)	0
6. How will you maintain a high level of professionalism each day in this business?	(1)	0
7. How do you intend to recruit and retain high quality employees?	(1)	0
8. How will you provide a safe, clean, and friendly place to do business?	(1)	0
9. How would you deal with an irate customer?	(1)	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	(1)	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	(1)	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	(1)	0
25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation		
A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful ?	(3)	*
B. Is it the affidavit duly signed and notarized?	(2)	*
26. Local Law Enforcement Report / Articles of Incorporation (AOI)		
A. No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	(2)	0
27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation		
No disqualifying convictions for individual / AOI for nonprofit corporation?	(5)	*

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

27

PERSONAL EVALUATION

OK NO

28. Credit Report (issued in 2023) / Certificate of Good Standing for Nonprofit Corporation
*Credit Reports are not required for County Auditors and County Clerks of Courts

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

2 0

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

15

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

Comments:

3.0 PERSONAL CHECKLIST

Shane Thomas Lieurance

Proposer's Full Legal Name _____

Proposer Number (BMV use only) 23003

INSTRUCTIONS: You must submit one original of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original of these forms are required. Please submit via email in accordance with the RFP instructions.

INDIVIDUAL	✓	BMV	COUNTY AUDITOR OR CLERK OF COURTS	✓	BMV	NONPROFIT CORPORATION	✓	BMV
Form 3.0 Personal Checklist (this form)	✓	✓	Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	✓	✓	Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	✓	✓	Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	✓	✓	Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience		
Form 3.4 Start-Up Cost Funds on Deposit	✓	✓	N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	✓	✓	N/A	X	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	X	1	N/A	X	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	✓	✓	Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	✓	✓	Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	✓	✓	Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	✓	✓	Form 3.9 Involved and Invested in Your Business			Form 3.9 Involved and Invested in Your Business		
Form 3.10(A) Affidavit of Individual	✓	✓	Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2023 Credit Report	✓	✓	N/A	X	1	2023 Certificate of Good Standing		
2023 Local Law Enforcement Report	✓	✓	2023 Local Law Enforcement Report			Articles of Incorporation		
2023 WebCheck Receipt	✓	✓	2023 WebCheck Receipt			N/A	X	1
Pre-approval Statement for \$25,000 Bond	✓	✓	Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond		
INDIVIDUAL	16		COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

3.1 PERSONAL QUESTIONNAIRE

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

09-A

Shane Thomas Lieurance

2. Full legal name of proposer

3. Proposer's street address

City _____ State Ohio 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)

Amanda Lieurance

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

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

City _____ State Ohio Zip code _____

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

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



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

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

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

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

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

Yes _____ No ☒

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

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

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

Yes _____ No ☒

B. If YES, what office? _____

13. A. Are you currently a deputy registrar?

Yes ☒ No _____

B. If YES, on what date does your contract expire? 6/24/2023 & 6/28/2023

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

No ☒ Yes _____

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

Yes _____ No ☒

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

For the following three questions, **extended family** includes your spouse, parent, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law:

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)

Yes _____ No ☒

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

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

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

Yes _____ No ☒

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

Name	Relationship	Same Household
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Yes ☐ No ☒

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

Name	Relationship	Employment Date

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

No ☐ Yes ☒

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

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

Yes ☐ No ☒

B. If "YES," will you resign, if appointed? No ☐ Yes ☐

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

No _____ Yes ☒

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

No _____ Yes ☒

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

High school diploma?

No _____ Yes ☒

Wilmington High School

High school name _____

Wilmington

Ohio

45177

City _____

State _____

Zip _____

Wilmington College

College name _____

Wilmington

Ohio

45177

City _____

State _____

Zip _____

Political Science

BA

Major _____

Degree awarded _____

Thomas M Cooley Law School

College name _____

Lansing

Michigan

48993T

City _____

State _____

Zip _____

General Studies

withdrew

Major _____

Degree awarded _____

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

No _____ Yes ☒

If "YES" please explain all computer experience in detail.

Creating employee reviews

Creating spreadsheets for purposes such as inventory and scheduling

Use of BVM computers on a daily basis

Weekly, monthly, and annual payroll reports and pay stubs

Preparing tax papers for the IRS

Everyday use with business and home

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 Brian Prickett Daytime telephone number [REDACTED]
City [REDACTED] State Ohio Zip [REDACTED]

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

B. Name James Miller Daytime telephone number [REDACTED]
City [REDACTED] State Ohio Zip [REDACTED]

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

C. Name Brad Vanoss Daytime telephone number [REDACTED]
City [REDACTED] State Ohio Zip [REDACTED]

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

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

Instructions

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

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

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

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

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

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Shane T. Lieruance Company name I Plate U LLC
Company address 1720 South Erie Hwy - A City Hamilton
State Ohio Zip 45011 Telephone (513) 868 - 2180
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Issuance of Ohio Driver's License, Identification Cards,
Vehicle Registrations, Drivers Abstracts and Reinstatement fees

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month 06 year 2020 To: month pre year sent
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.)

Name	City	State	Zip	Daytime Phone
Mark Mechley	[REDACTED]	Ohio	[REDACTED]	[REDACTED]
Kip King	[REDACTED]	Ohio	[REDACTED]	[REDACTED]
Greg Edwards	[REDACTED]	Ohio	[REDACTED]	[REDACTED]

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 Shane T. Lieurance Company name I Plate U LLC
Company address 180 East Sugartree Street City Wilmington
State Ohio Zip 45177 Telephone (937) 382 - 2864
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services _____

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

1. Federal Tax ID Number: _____

2. Percentage of business you owned: 100 % Hours worked weekly 25

3. Dates you operated this business: From: month 6 year 2020 To: month pre year sent

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

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

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

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

If you answered yes to question number 6, how many employees do/did you manage? 8

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

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

Name	City	State	Zip	Daytime Phone
Mark Mechley		Ohio		
Greg Edwards		Ohio		
Karen Staun		Ohio		

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 Shane T. Lieruance Company name Deputy Registrar
Company address 1720 South Erie Hwy - A City Hamilton
State Ohio Zip 45011 Telephone (513) 868 - 2180
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Issuance of Ohio Driver's License, Identification Cards,
Vehicle Registrations, Drivers Abstracts and Reinstatement fees

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month 05 year 2016 To: month 06 year 2020
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.)

Name	City	State	Zip	Daytime Phone
Mark Mechley	[REDACTED]	Ohio	[REDACTED]	[REDACTED]
Kip King	[REDACTED]	Ohio	[REDACTED]	[REDACTED]
Greg Edwards	[REDACTED]	Ohio	[REDACTED]	[REDACTED]

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 Shane T. Lieruance Company name Deputy Registrar
Company address 10938 Hamilton Ave City Cincinnati
State Ohio Zip 45231 Telephone (513) 521 - 1100
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Issuance of Ohio Driver's License, Identification Cards, Vehicle Registrations, Drivers Abstracts and Reinstatement fees

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month 07 year 2012 To: month 05 year 2016
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? 9
8. Have you ever developed a comprehensive business plan? No Yes ✓

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

Name	City	State	Zip	Daytime Phone
Mark Mechley	[REDACTED]	Ohio	[REDACTED]	[REDACTED]
Kip King	[REDACTED]	Ohio	[REDACTED]	[REDACTED]
Greg Edwards	[REDACTED]	Ohio	[REDACTED]	[REDACTED]

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 Shane T. Lieurance Company name Barb Lieurance, DR
Company address 180 East Sugartree Street City Wilmington
State Ohio Zip 45177 Telephone (937) 382 - 2864
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Oversaw the daily operations in the absence of the Deputy Registrar. In charge of maintaining proper inventory items. Promoted customer service.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Office Manager Hours worked weekly? 40
2. Dates this position was held: From: month 02 year 2003 To: month 06 year 2012
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? 6
5. Have you ever developed a comprehensive business plan? No ☐ Yes ☒

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

Name	City	State	Zip	Daytime Phone
Karen Staun		Ohio		
Jaime Howard		Ohio		
Barb Roberts		Ohio		

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Shane T. Lieurance Company name Barb Lieurance, DR
Company address 180 East Sugartree Street City Wilmington
State Ohio Zip 45177 Telephone (937) 382 - 2864
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Clerk
Hours worked weekly 40 Job duties Issued registrations, licenses and state
identification cards. In charge of counting and maintaining inventory.

Dates of this employment: From: month 7 year 2002 To: month 1 year 2003

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

Promote customer service. Tell the customer how we can help - not that we can not help.

Always helped the customer to the fullest extent possible. Greeted customers with a smile.

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

Name	City	State	Zip	Daytime Phone
Karen Staun		Ohio		
Greg Edwards		Ohio		

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Shane T. Lieurance Company name Showen Motors
Company address 734 South South Street City Wilmington
State Ohio Zip 45177 Telephone (937) 382 - 4799
Type of business (deputy registrar, retail grocery, etc.) Car Lot

EMPLOYEE - Job title: Detailer
Hours worked weekly 30 Job duties Washed and detailed cars

Dates of this employment: From: month 12 year 1997 To: month 8 year 2002

Describe how and to what extent **you provided high quality customer service** at this position:
Detailed cars to the satisfaction of the owner and buyer.

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

Name	City	State	Zip	Daytime Phone
Brad Showed		Ohio		
Brian Kite		Ohio		

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Shane T. Lieurance Company name Buckley, Miller & Wright
Company address 145 North South Street City Wilmington
State Ohio Zip 45177 Telephone (937) 382 - 0946
Type of business (deputy registrar, retail grocery, etc.) Law Office

EMPLOYEE - Job title: Law Office - summer position
Hours worked weekly 18 Job duties Research and assisted in case preparation,
therefore assisting the client in the best possible manner.

Dates of this employment: From: month 5 year 2002 To: month 8 year 2002

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

Thorough research to provide attorneys with the best possible information available in case
preparation, therefore assisting the client in the best possible manner.

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

Name	City	State	Zip	Daytime Phone
Karen Buckley		Ohio		
James Miller		Ohio		
			()	

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Shane T. Lieurance Company name Snow White Cleaners
Company address 156 East Main Street City Wilmington
State Ohio Zip 45177 Telephone () Closed
Type of business (deputy registrar, retail grocery, etc.) Dry Cleaners

EMPLOYEE - Job title: Clerk
Hours worked weekly 24 Job duties Accepted and processed clothes that the
brought in. Cashed out the customers when they came in to pick up their clothes.

Open and closed the business on a regular basis.

Dates of this employment: From: month 6 year 1997 To: month 11 year 1998

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

Always greeted the customers and assisted them in making sure their clothes were cleaned

to their satisfaction.

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

Name	City	State	Zip	Daytime Phone
Randy Sarvis		Ohio		
			()	
			()	

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Shane T. Lieurance Company name Basic's Car Wash
Company address 99 Creekside Drive City Wilmington
State Ohio Zip 45177 Telephone () Closed
Type of business (deputy registrar, retail grocery, etc.) Dry Cleaners

EMPLOYEE - Job title: Detailer
Hours worked weekly 30 Job duties Washed and detailed cars. Was asked to open and close the car wash when owners were unable to.

Dates of this employment: From: month 5 year 1996 To: month 8 year 1997

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

Washed and detailed cars to the customers' satisfaction. Provided a pick-up and drop off service

to the customers getting their cars detailed.

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

Name	City	State	Zip	Daytime Phone
Thomas Norris		Alabama		
			()	
			()	

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Shane T. Lieurance Company name Snow White Cleaners
Company address 156 East Main Street City Wilmington
State Ohio Zip 45177 Telephone () Closed
Type of business (deputy registrar, retail grocery, etc.) Dry Cleaners

EMPLOYEE - Job title: Clerk
Hours worked weekly 24 Job duties Accepted and processed clothes that the
brought in. Cashed out the customers when they came in to pick up their clothes.

Open and closed the business on a regular basis.

Dates of this employment: From: month 3 year 1994 To: month 2 year 1996

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

Always greeted the customers and assisted them in making sure their clothes were cleaned

to their satisfaction.

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

Name	City	State	Zip	Daytime Phone
Randy Sarvis		Ohio		
			()	
			()	

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Shane T. Lieurance Company name Dairy Queen
Company address 34 South Walnut Street City Wilmington
State Ohio Zip 45177 Telephone () Closed
Type of business (deputy registrar, retail grocery, etc.) Ice Cream Parlor

EMPLOYEE - Job title: Clerk
Hours worked weekly 20 Job duties Cooked, prepared products, served customers.

Dates of this employment: From: month 3 year 1992 To: month 9 year 1993

Describe how and to what extent **you provided high quality customer service** at this position:
Interacted with the customers to make sure their products were presentable and enjoyable.

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

Name	City	State	Zip	Daytime Phone
Rebecca Riley		Ohio		
			()	
			()	

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):

1) Maintain a No Wait policy. When customers do not have proper documentation for the transaction, they are given a card for the next visit and are able to come to the front to finish the transactions. 2) Provide commercial renewals with a drop-off and pick-up service. 3) Provide pre-printed lists of State and Private CDL test sites and pre-printed lists of salvage inspection sites. 4) Provide pre-printed directions, addresses, and phone numbers to the closest social security administration, Clerk of Court title, and Department of Health offices. 5) Help customer put stickers and plates on their car. 6) Provide presentations at schools or community meetings on programs issued by the BMV (ID Our Kids, Next of Kin, Reinstatement programs). 7) Create a Tax ID number file for existing commercial customers. 8) Display ads in local newspapers (service hours, etc.) as approved by the BMV. 9) Create a vehicle registration renewal sheet for larger corporations. 10) Create a kid friendly area to keep children busy while parents are being waited on. 11) Provide cartoon stickers to children accompanying customers. 12) Meet with local Colleges and Universities to help them with their international students obtaining Ohio DL, IDS. 13) Opening early or staying after hours to help families with disabled or elderly relatives navigate the BMV License Agency without the stress. 14) Look into having an automated phone system with an automatic redirect that would redirect the customer to the BMV customer service line, title office, and the driver exam station without having to call another number.

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

Shane T. Lieurance

Proposer's Name: _____

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

Shane T. Lieurance

Account Owner's Name: _____

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

Fifth Third Bank

Bank Name: _____

995 Rombach Ave

Wilmington

Bank Address: _____ Bank City: _____

Ohio

45177

937

382-6542

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


Account Number: [REDACTED] Total Funds on Deposit: \$ 22,745.76

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

FIFTH THIRD BANK

Bank or Teller's Official Stamp: JAN 17 2023

00238-05

Teller's Signature:  Date: 01/17/2023

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

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

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

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

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

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

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

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

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

Shane T. Lieurance

Name: _____

Title (if officer of nonprofit corporation): _____

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

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

RECIPIENT	JAN 1 - DEC 31 2020		JAN 1 - DEC 31 2021		JAN 1 - DEC 31 2022		2023 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

Form 3.5, Political Contributions Report (2023)

3.6 PERSONNEL POLICY

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

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

No _____ Yes 

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

If you are awarded a contract, do you agree to provide all of the following?

Yes ☒ No ☐

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No _____ Yes ☒

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

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?

By being actively involved in every aspect of the license agency. My management personnel are assigned a variety of tasks with the knowledge that I will be reviewing the tasks they are assigned to complete. My entire staff, the BMV, local law enforcement, and the landlord will have my personal contact information.

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 personally training all my employees on the rules and regulations set forth by the BMV. Having a very detailed discipline policy set in place. Management personnel and I have weekly meetings concerning the transactions that were completed at the agency. If we notice a trend with any clerks we go over the laws, guidelines and procedures that are in place and as to why they are in place.

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

A video monitoring system, which can be reviewed remotely. This video system is in place and is utilized to review the employees and transactions. All staff will continue to receive training on the importance of detecting fraudulent documents and how to use the equipment provided to our advantage. Transactions will always be observed by myself or a member of my management personnel.

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?

When a procedure change is implemented I will personally go over the new procedures with each employee making sure they understand what changes took place with the new or revised policy and see if they have any questions regarding the changes. I will then make sure that the procedure changes are logged in the right book along with having each employee initial the changes.

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

By leading by example. I will show the employees that I am here working beside them, and here to answer any questions they may have. I have an open door policy, not only professionally but personally. By holding regular staff meetings to discuss issues, concerns, procedures, and any ideas they may have to help improve services to our customers. Letting my employees know that their opinions matter about the everyday matters of the business.

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

I will stress to each employee we are the face of the BMV. We are usually the first impression that a customer has of the State of Ohio. I have a strict dress code that is followed, all employees are required to wear dress casual clothing and I am always in a button up dress shirt. The staff will always have a clean professional look to them.

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

When recruiting an employee I look for consistent long term employment at previous places of employment. To retain those employees I will offer several little perks throughout the year (lunches, gift cards, holiday parties. I want the clerks and management staff to feel they are appreciated for the work they are completing by rewarding them throughout the year. My current management staff has health insurance offered to those who are in need of it.

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

Always greet the customers with a smile. I will employ highly motivated people that have a desire to be in customer service. With safety issues on the rise, I will tell my clerks to be aware of their surroundings. There will be a 24/7 video monitoring system in place. Will make sure that the employees know to walk out together upon leaving at night. The office and equipment will be cleaned by everyday by the staff and myself.

9. How would you deal with an irate customer?

Try to calm the customer down by identifying the problem and finding a solution to help them. I would speak softly to the customer as to show that I'm not being the aggressor. Let the customer know we are here to help them and how we can help them. Lastly, let them know that if they are willing to return, they will be given a "no wait" card so they are taken care of upon arrival with waiting again.

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

Don't tell the customers "No". Let them know how we can help them. If you don't know an answer find someone who does. Do not be the affessor, let the customer be heard, then tell them what we would further need to assist them. The clerks will know that myself and my management staff is watching over them are here to assist if required or asked.

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

Not only would I meet the expectations set forth by the BMV I would set a goal to exceed them. I have been involved with the Deputy Registrar services for twenty-one years, and during that time I have always represented myself in a professional manner while adhering to the guidelines of the BMV. I look forward to the ever changing world of technology and the challenges it brings and will accept change with a positive attitude and express to my staff that the change is here to better serve our customers. I will be involved in the everyday activities of my agency.

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

With having a Bachelors degree in Social and Political Studies I have a good understanding of people. I'm a very outgoing individual that is willing to accept any challenge put before me. I will represent the BMV with professionalism and courtesy to all customers who enter the agency while enforcing the rules and regulations of the State of Ohio.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of _____ :

State of Ohio _____ :

Shane T. Lieurance

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

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

Signature of proposer: _____

Printed/typed name of proposer: _____

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

on this 25th day of January, 2023

Melinda Sparks
Notary Public

Printed name of Notary Public: Melinda Sparks

My commission expires: October 20, 2027

4.0 OPERATIONAL CHECKLIST

Shane Thomas Lieurance

Proposer's Full Legal Name _____

09-A

Location Number _____

Proposer Number (BMV use only) _____ 23003

INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	✓
4.1	Appointment of Agency Managers	✓	✓
4.2	Experienced Employees Summary	✓	✓
4.3	Staffing and Personnel Costs Calculation	✓	✓
4.4	Start-Up Costs Calculation Amount: 18,453.99 \$ _____	✓	✓
4.5	Deputy Registrar Contract (2 pages only)	✓	✓
		6	

4.1 APPOINTMENT OF AGENCY MANAGERS

Shane T. Lieurance

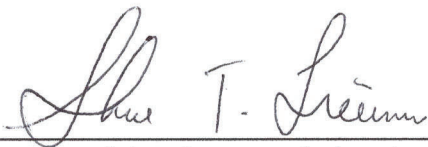
09-A

Proposer's name: _____

Location number: _____

40

- (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.
- ☒ 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: _____

1/25/2023

4.2 EXPERIENCED EMPLOYEES SUMMARY

Shane T. Lieurance

09-A

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:

☐

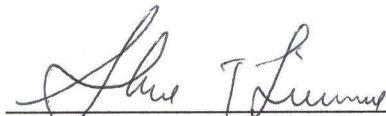
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant 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):

Name of Experienced Employee	Length of Experience
Shane Lieurance	21 years
Amanda Boehmer	12 years
Pam Sparks	10 years
Adrianna Rogers	3 years
McKayla King	1 year

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



Deputy registrar (proposer) signature

Date: 1/25/2023

4.3 STAFFING AND PERSONNEL CALCULATION

Shane T. Lieurance

09-A

Proposer's name: _____ Location number: _____

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

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

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

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$372,000 per year and \$10.10 per hour by businesses with gross receipts of \$372,000 or more per year.

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

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

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	40	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40	16.00	640.00	2,560.00
Assistant Office Manager	36	15.00	540.00	2,160.00
Experienced Employees 3 Total Number (combine Full-time & Part-time) = _____	66	14.00	924.00	3,696.00
New Hire Employees 2 Total Number (combine Full-time & Part-time) = _____	44	13.00	572.00	2,288.00
TOTALS	226	N/A	2,676.00	10,704.00

4.4 START-UP COSTS CALCULATION

Shane T. Lieurance

09-A

Proposer's name: _____ Location number: _____

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

1. PERSONNEL COSTS (FOUR WEEKS)

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

10,704.00

\$ _____

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 | \$ _____ |
| 2. Counter Costs | \$ _____ |
| 3. Other Costs | \$ _____ |
| 4. Total | \$ _____ |

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

= \$ _____

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: $\frac{2,583.33}{1} \times 3 = \$ 7,749.99$

TOTAL START-UP COSTS

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

\$ 18,453.99

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2023

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 Shane T. Lieurance

_____, (deputy registrar, herein) whose home mailing address is _____

(City) _____, Ohio (Zip) _____, to operate a deputy

registrar agency, Location No. 09-A _____, to be located as follows: in the

State of Ohio, County of Butler _____

City/Village/Township (indicate which) _____ City _____ of _____ Hamilton

Street address: 1720 South Erie Hwy - A _____

(City) Hamilton _____, Ohio (Zip) 45011

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 2023 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 2023 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 25th day of **June, 2023**, and shall end on the 24th day of **June, 2028**, unless otherwise terminated as provided herein;

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

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2023 Deputy Registrar Contract Terms and Conditions incorporated herein.

Shane T. Lums
Deputy Registrar signature

1/25/2023
Date

STATE OF OHIO :
COUNTY OF Clinton :

Before me, a notary public in and for said county and state, personally appeared the above named Shane T. Lums, 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 25th day of January, 2023.

Melinda Sparks
NOTARY PUBLIC

Printed name of Notary Public: Melinda Sparks

My commission Expires: October 20, 2027

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on
