

OPERATIONAL EVALUATION (2024)

Dottie Schirtzinger
45-A / 24039
Licking County, Newark
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>20</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>281</u> Proposed: <u>316</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2024 Ohio Minimum Wage Rate = \$7.25 or \$10.45 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>29,972.06</u> On Deposit (Form 3.4): \$ <u>29,972.06</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: _____

	<u>Evaluators' signatures</u>	<u>Printed names</u>	<u>Date</u>
(1)	<u><i>Michael Farrell</i></u>	<u>Michael Farrell</u>	<u>2/26/24</u>
(2)	_____	_____	_____

Operational Evaluation (2024)

PAYROLL COMPARISON – 2024

Proposer Name: Dottie Schirtzinger

Evaluator Printed Name: Michael Farrell

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>
	45-A	45-C				
Highest Rate	\$25.00	\$22.00				
Lowest Rate	\$17.00	\$14.00				
Number of Hours Recommended	281	214				
Number of Hours Proposed	316	236				
Total Monthly Wages	\$22,208	\$13,968				

Comments:

PERSONAL EVALUATION (2024)

Dottie Schirtzinger
45-A / 24039
Licking County, Newark
BMV Site

Evaluation Team Number: _____
Location(s) Proposed: (#1) 45-A 45-C _____
Proposed as 2nd Location _____
Verify Proposer's Full Name: (#2) Dottie J. Schirtzinger
Proposer's County of Residence (NPC Operation): (#4) Licking
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

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: _____

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u><i>Michael Farrell</i></u>	<u>Michael Farrell</u>	<u>2/26/24</u>
(2)	_____	_____	_____

PERSONAL EVALUATION

OK NO

1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? <u>6/30/24</u>	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: Rob Fragate at telephone () _____

Company: Pataskala License Bureau

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: 30

From (date): July 2004 To (date): Present Length: 19.4 years

Verified Hours 30 = Factor .8 x Years 19.4 x Points 50 = 776

.....

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.	<i>Pataskala License Bureau</i>	# NA =	1.0	x	x 50 =	776	✓
B.		# NA =	1.0	x	x 50 =		
C.		# NA =	1.0	x	x 50 =		
Subtotal of 13-A, 13-B & 13-C =						776	

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?	11	0
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)?		

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)		
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)	13	*
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

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Dottie J. Schirtzinger

Proposer Number (BMV use only) _____

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		
2024 Credit Report	✓		N/A	X	1	2024 Certificate of Good Standing		
2024 Local Law Enforcement Report	✓		2024 Local Law Enforcement Report			Articles of Incorporation		
2024 WebCheck Receipt	✓		2024 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			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:

<u>45-C</u>	<u>45-A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>✓</u>	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Full legal name of proposer Dottie J. Schirtzinger

3. Proposer's street address 

City Newark State Ohio Zip code 43055

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

5. Daytime telephone 

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

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

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

City Newark State Ohio Zip code 43055

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? N/A

C. If YES, date that you plan to leave this office? N/A

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? N/A

13. A. Are you currently a deputy registrar?

Yes No _____

B. If YES, on what date does your contract expire? 06/30/2024

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? N/A

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
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A
N/A	N/A	Yes _____	No <input checked="" type="checkbox"/>	N/A

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
N/A	N/A	Yes ___ No <input checked="" type="checkbox"/>
N/A	N/A	Yes ___ No <input checked="" type="checkbox"/>
N/A	N/A	Yes ___ No <input checked="" type="checkbox"/>
N/A	N/A	Yes ___ No <input checked="" 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
N/A	N/A	N/A

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

High school name Newark Senior High School

City Newark State Ohio Zip 43055

College name N/A

City N/A State N/A Zip N/A

Major N/A Degree awarded N/A

College name N/A

City N/A State N/A Zip N/A

Major N/A Degree awarded N/A

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

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 Dottie J. Schirtzinger Company name Pataskala License Bureau
Company address 318 South Township Road City Pataskala
State Ohio Zip 43062 Telephone (740) 927-2285
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Federal and Standard Driver's Licenses, State Id's, Vehicle Registrations, notary, cashier, out of state inspection, bus inspection, customer service. reinstatement fees, and salvage receipts

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 30
3. Dates you operated this business: From: month 07 year 2004 To: month year present
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 7
8. Have you ever developed a comprehensive business plan? No Yes ✓

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

Name	City	State	Zip	Daytime Phone
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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 Dottie J. Schirtzinger Company name Schirtzinger Logistics Inc

Company address 12040 Custers Point Road NE City Thornville

State Ohio Zip 43076 Telephone (740) 364-1054

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

Company's products and/or services general commodities

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

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: 50 % Hours worked weekly 20

3. Dates you operated this business: From: month 04 year 2005 To: month 05 year 2010

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? 1

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
[REDACTED]	[REDACTED]	[REDACTED]	[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 Dottie J. Schirtzinger Company name Pataskala License Bureau

Company address 318 South Township Road City Pataskala

State Ohio Zip 43062 Telephone (740) 927-2285

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

Management/supervisory duties training, staff scheduling, cashier, notary, paperwork, state id's, out of state inspections, customer service, drivers license, vehicle registration, salvage receipts

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 36

2. Dates this position was held: From: month 04 year 2000 To: month 06 year 2004

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? 5

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

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 Dottie J. Schirtzinger Company name Johnstown License Bureau

Company address East Coshocton Street City Johnstown

State Ohio Zip 43031 Telephone (740) 000-0000

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

Management/supervisory duties training, staff scheduling, cashier, notary, paperwork, state id's, out of state inspections, customer service, drivers license, vehicle registration, salvage receipts

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Manager Hours worked weekly? 36

2. Dates this position was held: From: month 07 year 1993 To: month 06 year 1996

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

4. Do/did you directly manage/supervise employees on a daily basis? No Yes

If you answered yes to question number 4, how many employees do/did you manage? 3

5. Have you ever developed a comprehensive business plan? No Yes

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

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 Dottie J. Schirtzinger Company name Newark License Bureau

Company address 287 Deo Drive City Newark

State Ohio Zip 43055 Telephone (740) 366-0640

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

EMPLOYEE - Job title: Clerk

Hours worked weekly 25 Job duties issued drivers license and vehicle

registrations, state id's, notary, cashier, and customer service

Dates of this employment: From: month 06 year 1996 To: month 07 year 1998

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

I treated every customer with a smile and respect. I endeavored to do my job with
understanding and within the regulations and laws to the best of my ability.

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
[REDACTED]				

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 Dottie J. Schirtzinger Company name Newark License Bureau

Company address 287 Deo Drive City Newark

State Ohio Zip 43055 Telephone (740) 366-0640

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

EMPLOYEE - Job title: Clerk

Hours worked weekly 40 Job duties issued drivers license and vehicle

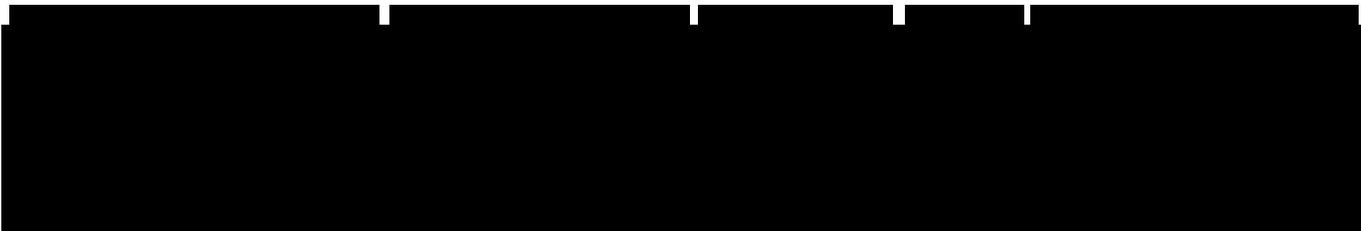
registrations, state id's, notary, customer service, cashier

Dates of this employment: From: month 08 year 1992 To: month 04 year 1993

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

I treated every customer with a smile and respect. I strived to do my job with
understanding and within the regulations and laws to the best of my ability.

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.)



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 Dottie J. Schirtzinger Company name Kobacker

Company address 6606 Tussing Road City Columbus

State Ohio Zip 43215 Telephone () N/A

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

EMPLOYEE - Job title: Human Resource Clerk

Hours worked weekly 40 Job duties processing data entry for hires and

termination for shoes stores across Ohio

Dates of this employment: From: month 11 year 1989 To: month 08 year 1992

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

I did my job with a smile and respect.

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.)

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):

I routinely help farmers fill out their Form 2290 (Highway Use Tax) and fax it to the Internal Revenue Service for filing for them. If they do not have an Employer Identification Number (EIN), I give them a telephone number to call in order to get one.

When a customer comes into the office and/or calls for help with questions on paperwork or documents they are needing to bring in with them, I explain what is needed. If I am unsure on how to help them, I will research the issue to get the correct information for them.

To improve customer service, I plan to insure that my staff and I treat each customer as they would want to be treated. By greeting everyone with a smile and a good attitude. We will continue to have completed directions on how to get to the testing/examiner stations for those who are ready to take their written and/or driving tests. When a customer comes into the office for a permit, I will let them know that they will be able to take the test on-line as long as they have a web-cam.

If a customer calls in and explains that they have a health issue and are afraid of getting sick, I will work with them by having them come into the office before it is open to complete their business.

Form 3.3, Customer Service Experience (2024)

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: Dottie J. Schirtzinger

Title (if officer of nonprofit corporation): N/A

(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 2021		JAN 1 - DEC 31 2022		JAN 1 - DEC 31 2023		2024 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		✓		✓		✓		✓

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?

I plan to manage by example by going in early and staying late. I plan to be responsible and accountable by updating and going over any changes that are made with my staff. If an employee is not completing the procedures the correct way, appropriate disciplinary action will be taken.

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?

I will ensure all laws, rules, guidelines, and procedures are followed by properly training my staff. I will do this by printing the e-mail broadcast updates for them to read and initial them to show that it was received for them to do their job correctly and efficiently. As my staff is managing a customer, I will listen in to verify that they are asking the required questions. Additionally, I will set up a checklist of procedures to be followed before the issuance or renewal of the Federal/Standard driver's licenses, state id's, and vehicle registrations.

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

In order to detect, deter, and prevent fraud, all staff members will attend fraud training with investigations. By setting up quality assurance testing to oversee that my staff is asking for the proper documentation. If any questionable document is received, it will be elevated to management, and when needed, we will contact the state for further guidance.

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?

I will ensure that all policies and procedures are communicated to my staff. This will be done by printing out the e-mail broadcast daily and sharing it timely with my staff. My staff will read, initial, and date the printed e-mail to show that they have received and understand the new policy/procedure to be immediately implement it. Additionally, the new policy/procedure will be shared again at our regularly scheduled quarterly meetings.

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

I will demonstrate good leadership by having open and honest communication with my staff and customers. It is important to determine that my staff is doing the job well and not letting issues from outside of work affect their performance. I will work on the computer along side my employee's by working with the customer and doing whatever it is that they have come in for us to do, within reason.

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

I will maintain a high level of professionalism by going above and beyond what is needed to complete my job. I will come in refreshed and renewed to resolve issues completely and efficiently to the best of my ability. Additionally, I will attend regular training seminars to ensure continuous learning in how to do my job better for my staff, my customers, and myself.

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

By getting a resume and holding interviews, I will be able to recruit and retain high quality staff. At the interview, I will give the full job description, explain my expectations right up front, and ask business related questions to obtain the person with the most experience or aptitude. I will treat my staff with dignity and respect. I will recognize my staff for a job well done at regularly held quarterly meetings.

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

I will provide a safe, clean, and friendly place that has a security system and cameras. Each employee will have a panic button at their station. A room provided for staff to relax and socialize. My staff knows where the fire extinguisher, AED defibrillators, and exits are located for emergencies. Finally, my staff will be instructed to give friendly service with a smile and a good attitude.

9. How would you deal with an irate customer?

I would address an irate customer by talking calmly to them. By listening to their issue and working to find a resolution to it, I would endeavor to deescalate the situation. If needed, I will contact the state to see what is going to be needed to fully resolve their issue.

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

I will instruct and ask my staff to remain calm and to not take it personally. I would have them remember that the customer is not yelling at them, but at the situation that they are in. I will hold training sessions with my staff to prepare them to deal with escalated situations. Finally, if no resolution can be found or if the issue continues to escalate, I would advise my staff to call over management and have them deal with that issue. And if no resolution is found, contact will be made with the state for further guidance.

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

I will meet the expectations of the Bureau Motor Vehicles by following all guidance and policies. I will set up a procedure for my staff and I to follow. This will ensure that we are meeting those expectations. I will ask questions on any and all things that I do not understand. I will give 100 percent in all that I do. When e-mail broadcasts are received, I will see to it that they are read, initialed, date by my staff and implemented.

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

The Bureau of Motor Vehicles should consider me for a deputy registrar license agency because I have been a deputy registrar for the last twenty four years and was employed by a deputy registrar as the office manager for ten years before that. I understand the nature of the business, the demands of the job, the importance of accuracy and efficiency. I follow all procedural standards and provide effective customer service. I have always endeavored to do my best and give this job my all. I enjoy what I do and have build a good rapport with my customers. They know that I will do all that I can for them within reason.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Licking :

State of Ohio :

I, Dollie J. Schirtzinger , 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: *Dollie J. Schirtzinger*

Printed/typed name of proposer: Dollie J. Schirtzinger

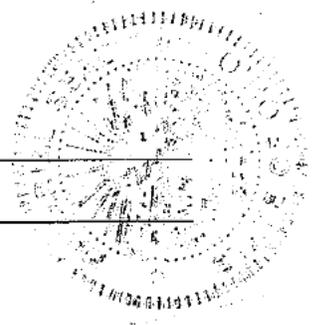
Sworn to and subscribed in my presence by the above named DOLLIE SCHIRTZINGER

on this 29 day of JANUARY, 2024

Tessalynn Smith
Notary Public

Printed name of Notary Public: TESSALYN SMITH

My commission expires: NOV 2, 2027



4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Dottie J. Schirtzinger

Location Number _____

Proposer Number (BMV use only) _____

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: \$ <u>29,972.06</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name. Dottie J. Schirtzinger

Location number. 45-A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 20 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 for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (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: 1-29-24

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Dottie J. Schirtzinger

Location number: 45-A

(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.

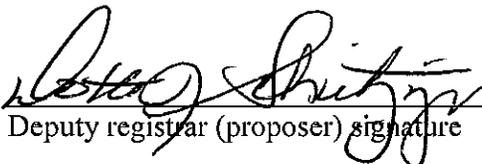
(B) CHECK WHICHEVER APPLIES:

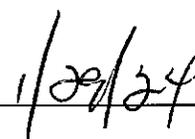
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant 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
Dottie J. Schirtzinger	32 years

(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: 

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Dottie J. Schirtzinger Location number: 45-A

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 corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). 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 \$385,000 per year and \$10.45 per hour by businesses with gross receipts of \$385,000 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	20	N/A	N/A	N/A
Office Manager <small>(leave blank if the Deputy Registrar is also the Office Manager)</small>	40	25.00	1,000.00	4,000.00
Assistant Office Manager	40	22.00	880.00	3,520.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>6</u>	216	17.00	3,672.00	14,688.00
New Hire Employees Total Number (combine Full-time & Part-time) = _____				
TOTALS	316	N/A	5,552.00	22,208.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Dottie J. Schirtzinger Location number: 45-A

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.

\$ 22,208.00

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	\$ <u>0</u>
2. Counter Costs	\$ <u>0</u>
3. Other Costs	\$ <u>0</u>
4. Total	\$ <u>0</u>

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

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

\$ 0

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 2,588.02 x 3 = \$ 7,764.06

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] \$ 29,972.06

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2024

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 Dottie J. Schirtzinger _____, (deputy registrar, herein) whose

home mailing address is _____

(City) Newark _____, Ohio (Zip) 43055 _____, to operate a deputy

registrar agency, Location No. 45-A _____, to be located as follows: in the

State of Ohio, County of Licking _____

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

Street address: 875 East Main Street _____

(City) Newark _____, Ohio (Zip) 43055 _____

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 2024 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 2024 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 30th day of **June, 2024**, and shall end on the 30th day of **June, 2029**, 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"]:

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2024 Deputy Registrar Contract Terms and Conditions incorporated herein.

Dottie Schitzinger
Deputy Registrar signature

1.29.24
Date

STATE OF OHIO :
:
COUNTY OF Licking :

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

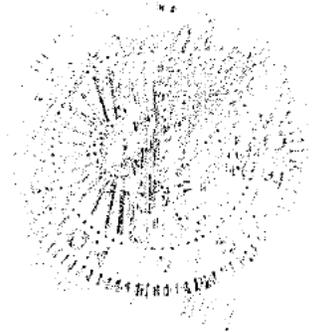
IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 29 day of JANUARY, 2024.

Tessalyn Smith
NOTARY PUBLIC

Printed name of Notary Public: TESSALYN SMITH

My commission Expires: NOV 2, 2027

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES



BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on _____