

PAYROLL COMPARISON – 2025

Proposer Name: Mahmut Can Harmansah

Evaluator Printed Name: Miles, Eric

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

| | Location Number(s) | | | | | |
|-----------------------------|--------------------|----------|----------|----------|----------|--------|
| | Loc. 1 | Loc. 2 | Loc. 3 | Loc. 4 | Loc. 5 | Loc. 6 |
| | 52-A | 29-B | 36-A | 57-H | 75-A | |
| Highest Rate | \$27/h | \$27/h | \$27/h | \$27/h | \$27/h | |
| Lowest Rate | \$17/h | \$17/h | \$17/h | \$17/h | \$22/h | |
| Number of Hours Recommended | 174 | 161 | 147 | 362 | 174 | |
| Number of Hours Proposed | 152 | 152 | 152 | 396 | 180 | |
| Total Monthly Wages | \$13,392 | \$10,920 | \$10,828 | \$36,392 | \$13,392 | |

Comments:

PERSONAL EVALUATION (2025)

Mahmut Can Harmansah
12-A / 25097
Clark County, Springfield
BMV Site

Evaluation Team Number: _____
Location(s) Proposed: (#1) 57-H 29-B KA 75-A 36-A
Proposed as 2nd Location _____
Verify Proposer's Full Name: (#2) Mahmut Can Harmansah
Proposer's County of Residence (NPC Operation): (#4) Montgomery
Verify Proposer's Driver's License Number: (#6) [REDACTED]
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>12</u> |

TOTAL POINTS (Max. 258 Points): 255

Comments: _____

| | <u>Evaluators' Signatures</u> | <u>Evaluators' Printed Names</u> | <u>Date</u> |
|-----|-------------------------------|----------------------------------|---------------|
| (1) | <u>Miles J. Gillik</u> | <u>Miles J Gillik</u> | <u>022625</u> |
| (2) | _____ | _____ | _____ |

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

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

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

Comments: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone () _____

Company: Truck Training Pro C/A School LLC.

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): 2021 To (date): 2025 Length: _____

Verified Hours _____ = Factor 1 x Years 34 x Points 50 = 1700

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. | Truck Trailer Pro CDL School | # NA = | 1.0 | x 4 | x 50 = | | |
| B. | | # NA = | 1.0 | x | x 50 = | | |
| C. | | # NA = | 1.0 | x | x 50 = | | |
| Subtotal of 13-A, 13-B & 13-C = | | | | | | | |

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

| ITEM | AGENCY/COMPANY | HOURS = | FACTOR | x YEARS | x POINTS = | SCORE | VERIFIED |
|--|------------------------------|---------|--------|---------|------------|-------|----------|
| A. | Truck Trailer Pro CDL School | # 20 = | 1 | x 4 | x 34 = | 136 | X |
| 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? | 3 | * |
| 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) | 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 | | |
| 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? | ④ | 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

OPERATIONAL EVALUATION (2025)

Mahmut Can Harmansah
12-A / 25097
Clark County, Springfield
BMV Site

| FORM | DESCRIPTION | OK | NO |
|------|--|----|----|
| 4.0 | Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0) | X | |
| 4.1 | Appointment of Agency Managers | | |
| | A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u> | 5 | * |
| | B. Appointment of Manager and Assistant OR Acceptable Statement | 3 | 0 |
| 4.2 | Experienced Employees Summary | | |
| | Gave Acceptable Statement OR Provided Names | 2 | 0 |
| 4.3 | Staffing and Personnel Calculation | | |
| | A. Hours Recommended: 174 <u>174</u> Proposed: <u>180</u> | 4 | * |
| | B. Work Hours and Pay Calculated Correctly | 2 | 0 |
| | C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 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>19,702.52</u> On Deposit (Form 3.4): \$ <u>89,411.18</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) |  | Miles J Brilliot | 03.03.25 |
| (2) | | | |

Operational Evaluation (2025)

DEPUTY REGISTRAR
REQUEST FOR PROPOSALS

2025 FORMS

AND

INSTRUCTIONS

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name MAHMUT CAN HARMANSAH

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 | | |
| 2025 Credit Report | | | N/A | X | 1 | 2025 Certificate of Good Standing | | |
| 2025 Local Law Enforcement Report | | | 2025 Local Law Enforcement Report | | | Articles of Incorporation | | |
| 2025 WebCheck Receipt | | | 2025 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:

57-H

29-B

12-A

75-A

36-A

2. Full legal name of proposer MAHMUT CAN HARMANSAH

3. Proposer's street address _____

City _____ State OH Zip code 45424

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

5. Daytime telephone _____

6. Proposer's driver's license _____

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

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

City _____ State _____ Zip code _____

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

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

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

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

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

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

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)
 Yes _____ No

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

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

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)
 Yes _____ No

B. If YES, what office? _____

13. A. Are you currently a deputy registrar? Yes _____ No

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

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?
 No _____ Yes _____

14. A. Is your spouse currently a deputy registrar? (NPC N/A) Yes _____ No _____

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

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

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)
 Yes _____ No

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

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

16. A. To the best of your knowledge, will any member of your extended family submit a proposal in response to this RFP? (NPC N/A)
 Yes _____ No

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

| Name | Relationship | Same Household | |
|-------|--------------|----------------|--------|
| _____ | _____ | Yes ___ | No ___ |
| _____ | _____ | Yes ___ | No ___ |
| _____ | _____ | Yes ___ | No ___ |
| _____ | _____ | Yes ___ | No ___ |

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

High school name YAVUZ SULTAN SELIM ANADOLU HIGH SCHOOL

City NIGDE State TURKEY Zip 51000

College name ANADOLU UNIVERSITY

City ESKISEHIR State TURKEY Zip 26000

Major BUSINESS ADMINISTRATION Degree awarded YES

College name STRAYER UNIVERSITY

City NEWPORT NEWS State VA Zip 23606

Major MASTER OF BUSINESS ADMINISTRATION Degree awarded YES

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.

I possess strong foundational computer skills and am highly proficient in the use of various software and tools required for administrative and operational efficiency. My technical expertise includes

Microsoft Office Suite: Advanced proficiency in Word, Excel, PowerPoint, and Outlook. I can efficiently create and edit documents, manage spreadsheets with complex formulas, design professional presentations, and handle email correspondence and scheduling.

Data Entry and Management: Skilled in accurately inputting, organizing, and retrieving data using specialized software and databases, ensuring compliance with regulatory standards and data security protocols.

Office Equipment and Software: Experienced in using standard office equipment, including printers, scanners, and multifunctional devices, as well as software tools for task management and collaboration.

Customer Service Systems: Familiarity with customer-facing systems, point-of-sale (POS) software, and record-keeping platforms essential for seamless service delivery in a high-volume environment.

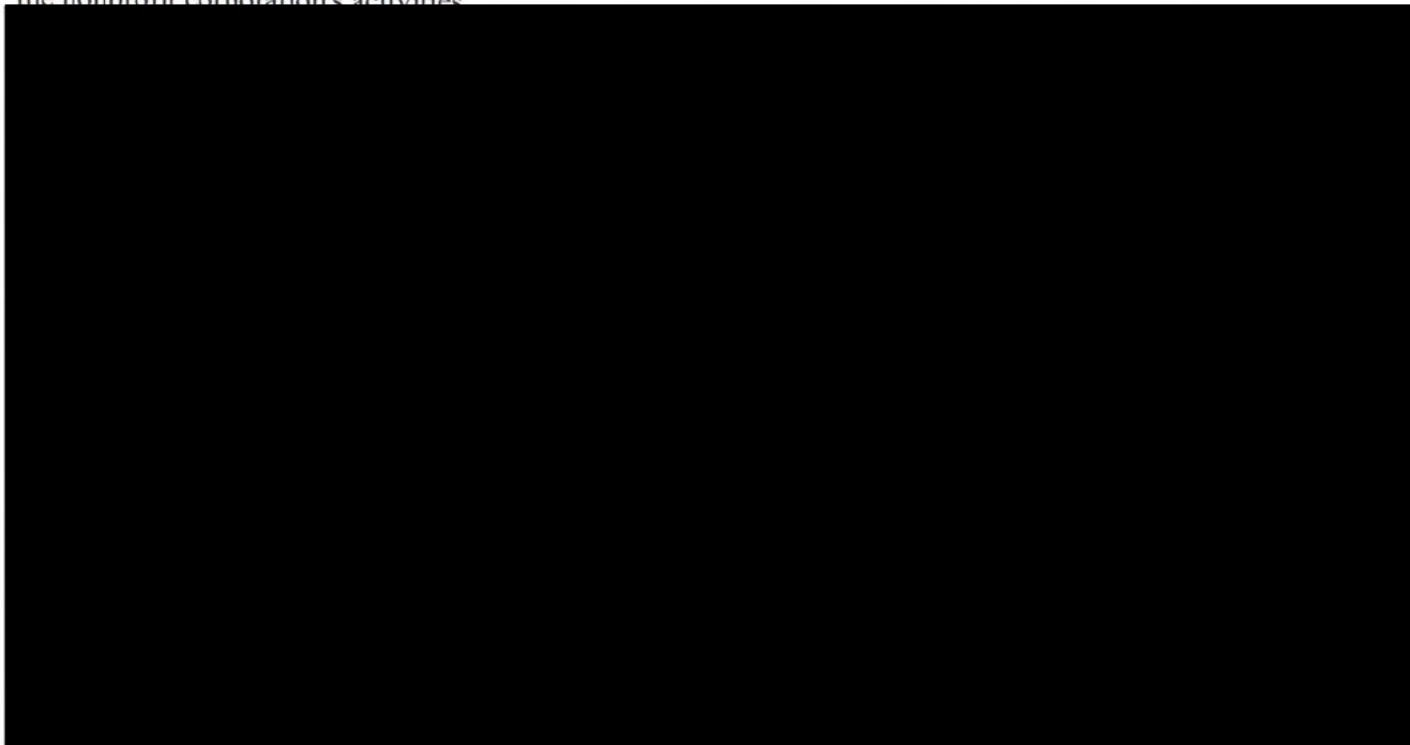
Problem-Solving with Technology: Adept at troubleshooting common technical issues and quickly adapting to new systems or processes to maintain workflow efficiency.

My ability to navigate complex systems and utilize technology effectively allows me to provide exceptional service while maintaining accuracy and efficiency in all tasks.

My ability to navigate complex systems and utilize technology effectively allows me to provide exceptional service while maintaining accuracy and efficiency in all tasks.

These skills are complemented by my commitment to continuous learning and adaptation to new tools and processes as needed.

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.



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 MAHMUT CAN HARMANSAH Company name TRUCKTRAILERPRO CDL SCHOOL LLC
Company address 1602 VALLEY STREET City DAYTON
State OH Zip 45404 Telephone (937) 8880888
Type of business (deputy registrar, retail grocery, etc.) COMMERCIAL DRIVING SCHOOL

Company's products and/or services COMMERCIAL DRIVING LICENSE EDUCATION SERVICES

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 25 % Hours worked weekly 20
3. Dates you operated this business: From: month 11 year 2021 To: month 1 year 2025
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? 25
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.)

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 MAHMUT CAN HARMANSAH Company name TRUCKTRAILERPRO CDL SCHOOL LLC

Company address 1602 VALLEY STREET City DAYTON

State OH Zip 45404 Telephone (937) 8880888

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

Management/supervisory duties GENERAL MANAGEMENT, CUSTOMER SERVICE, SCHEDULE, HR, ETC

MANAGER OR SUPERVISOR - Job title: DIRECTOR

1. Title of position DIRECTOR Hours worked weekly? 25

2. Dates this position was held: From: month 11 year 2021 To: month 1 year 2025

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? 25

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.)

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 MAHMUT CAN HARMANSAH Company name TRUCKTRAILERPRO LLC

Company address 1602 VALLEY STREET City DAYTON

State OH Zip 45404 Telephone (937) 8880888

Type of business (deputy registrar, retail grocery, etc.) TRUCK PARTS WHOLESALE STORE

EMPLOYEE - Job title: SALES MANAGER

Hours worked weekly 40 Job duties SALES MANAGER, CUSTOMER RELATIONSHIP

Dates of this employment: From: month 5 year 2021 To: month 11 year 2021

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

Managed sales, customer relations, and supplier negotiations to increase revenue.

Developed strategic initiatives to enhance market presence and streamline sales operations.

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 MAHMUT CAN HARMANSAH Company name MIDSTATE LOGISTICS LLC

Company address 1602 VALLEY STREET City DAYTON

State OH Zip 45404 Telephone (614) 7872064

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

EMPLOYEE - Job title: TRUCK DRIVER

Hours worked weekly 40 Job duties DELIVERING GOODS FROM POINT A TO B

Dates of this employment: From: month 5 year 2020 To: month 5 year 2021

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

Ensured on-time deliveries, meeting customer expectations and maintaining business reliability.

Ensured all shipments were handled with care, reducing damage claims and increasing customer satisfaction.

Maintained accurate logs, reports, and regulatory compliance, providing transparency and trust.

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):

Implement a ticketing or appointment scheduling system to reduce wait times and manage customer flow more efficiently. Use digital displays to keep customers informed about their place in line and estimated wait times. Offer multilingual support for non-English-speaking customers through bilingual staff or translation services. Ensure ADA-compliant facilities and provide assistive technologies, such as hearing devices or screen readers, to accommodate all customers. Set up a digital and in-person feedback system to gather insights on customer experiences and suggestions for improvement. Regularly review feedback and act on common themes to enhance services. Conduct regular customer service training sessions for staff to improve communication, conflict resolution, and cultural sensitivity. Create incentive programs to reward staff for outstanding customer service, boosting morale and performance. Provide printed brochures or guides in the agency with step-by-step instructions for common services. Introduce express lanes for simple transactions like license renewals or address changes, reducing congestion for more complex services. Offer designated specialty counters for commercial driver's licenses or fleet-related services. Maintain a clean, comfortable, and welcoming environment with adequate seating, free Wi-Fi, and charging stations. Station greeters or floor staff to assist customers as soon as they enter, helping them prepare documents or navigate the agency's services. Use digital checklists or email reminders to ensure customers arrive prepared with the required documentation. Partner with local schools, businesses, and community organizations to provide educational seminars on driving laws, vehicle registration, and licensing processes. Hold occasional extended hours or weekend events for customers unable to visit during regular business hours. What I did for my business? Personalized Assistance at CDL School. Implemented a multilingual support system to address the needs of foreign language-speaking students, making the CDL process more accessible. Developed an online booking system for classes, allowing students to schedule their sessions conveniently. Trained staff at CDL School on cultural sensitivity and communication, ensuring every student felt valued and respected. Introduced pre-enrollment document checklists to minimize errors and delays, ensuring a smoother experience for students. Actively sought feedback from students and implemented changes based on their suggestions, such as flexible class times and enhanced training materials. Organized community seminars to educate potential students about the CDL licensing process, contributing to higher satisfaction and better-prepared customers.

Form 3.3, Customer Service Experience (2025)

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: MAHMUT CAN HARMANSAH

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 2022 | | JAN 1 - DEC 31 2023 | | JAN 1 - DEC 31 2024 | | 2025 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 will manage the agency by maintaining clear policies, ensuring compliance with all regulations, and fostering a professional work environment. I will oversee daily operations, train and support staff, and use technology to track performance and address issues promptly. By staying accessible to both staff and customers, I will ensure accountability and uphold high service standards while addressing any challenges swiftly and effectively.

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 strict compliance by training staff thoroughly on all laws, rules, and procedures, regularly updating them on changes. I will implement quality control measures, conduct audits, and use system checks to prevent errors. Clear, step-by-step guidelines will be provided, and staff will have access to resources for clarification. My leadership will emphasize accountability, accuracy, and adherence to state policies to maintain integrity in all transactions.

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

I will implement strict document verification protocols, regularly train staff on fraud detection, and utilize state-approved authentication tools. Routine audits and transaction reviews will ensure compliance and identify anomalies. Clear policies for reporting suspicious activity will be established, and surveillance systems will monitor transactions. By fostering a culture of vigilance and accountability, I will minimize fraud risks and maintain the integrity of all operations.

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 establish a system to promptly review BMV email updates, hold regular staff meetings to communicate changes, and provide written summaries for reference. Staff will undergo immediate training on new procedures, and compliance will be monitored through daily oversight and periodic audits. Open communication will encourage questions to ensure full understanding and adherence to all updates.

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

I will lead by example, maintaining professionalism, integrity, and accountability in all actions. I will provide clear guidance, foster open communication, and ensure employees feel supported through regular training and feedback. By recognizing achievements, addressing concerns promptly, and creating a positive work environment, I will motivate staff to perform their best and uphold high service standards.

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

I will maintain professionalism by adhering to all BMV regulations, ensuring excellent customer service, and fostering a respectful and inclusive environment. I will lead by example, dressing appropriately, communicating clearly, and resolving issues promptly and calmly. Continuous training for myself and staff will reinforce professional standards, and I will consistently monitor operations to ensure quality and efficiency in all interactions.

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

I will recruit high-quality employees through targeted job postings, competitive compensation, and a thorough interview process focused on skills, professionalism, and customer service aptitude. To retain employees, I will foster a positive work environment, provide ongoing training and development, recognize achievements, and offer clear growth opportunities. Regular communication and addressing employee needs will ensure job satisfaction and long-term commitment.

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

I will ensure a safe, clean, and friendly environment by maintaining strict cleaning protocols, adhering to safety regulations, and regularly inspecting the facility. Staff will be trained in workplace safety and customer service to create a welcoming atmosphere. Clear signage, organized workspaces, and accessible facilities will enhance the customer experience, while addressing any concerns promptly ensures a positive and secure environment for all.

9. How would you deal with an irate customer?

I would remain calm, listen attentively to the customer's concerns, and acknowledge their frustration. Using a respectful and empathetic tone, I would work to resolve the issue by providing clear explanations or offering solutions. If necessary, I would involve a supervisor or follow established protocols to address the situation. My goal is to de-escalate the situation and ensure the customer feels heard and valued.

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

I will train employees to stay calm, listen actively, and respond empathetically to irate customers. They will learn to maintain a professional tone, avoid escalating the situation, and focus on finding solutions. Training will include role-playing scenarios and clear protocols for when to involve a supervisor. Employees will be encouraged to treat every customer with patience and respect, ensuring a positive resolution and maintaining the agency's professionalism.

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

I will meet the Bureau of Motor Vehicles' expectations by ensuring full compliance with all policies, procedures, and regulations. Regular staff training, prompt implementation of updates, and maintaining accurate records will uphold standards. I will prioritize excellent customer service, operational efficiency, and accountability. Open communication with the BMV, timely reporting, and regular audits will further demonstrate my commitment to meeting and exceeding their expectations.

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 contract because of my proven leadership, management, and customer service experience as a business owner. I am dedicated to maintaining compliance with all BMV regulations, providing exceptional service, and fostering a professional environment. My skills in team management, problem-solving, and operational efficiency ensure I can effectively run the agency while meeting the BMV's high standards and expectations.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Montgomery :

State of Ohio :

I, MAHMUT CAN HARMANSAH, 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: MAHMUT CAN HARMANSAH

Sworn to and subscribed in my presence by the above named Mahmut Can Harmansah

on this 25 day of January, 2025


Notary Public

Printed name of Notary Public: Karla Howell

My commission expires: 7/12/2025



KARLA HOWELL
Notary Public, State of Ohio
My Commission Expires:
July 12, 2025

DEPUTY REGISTRAR
REQUEST FOR PROPOSALS

SECTION 4

(2025)

OPERATIONAL FORMS

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name MAHMUT CAN HARMANSAH

Location Number 12-A

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>19792.02</u> | ✓ | |
| 4.5 | Deputy Registrar Contract (2 pages only) | ✓ | |
| | | | |

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: MAHMUT CAN HARMANSAH Location number: 12-A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 36 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open 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: 1/25/2025

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: MAHMUT CAN HARMANSAH Location number: 12-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 |
|------------------------------|----------------------|
| | |
| | |
| | |
| | |
| | |

(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: 1/25/2025

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: MAHMUT CAN HARMANSAH Location number: 12-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 \$394,000 per year and \$10.70 per hour by businesses with gross receipts of \$394,000 or more per year.

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

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

| EMPLOYMENT POSITION | PROJECTED HOURS PER WEEK | PROJECTED HOURLY RATE | PROJECTED WEEKLY PAY | PROJECTED MONTHLY PAY (weekly x 4) |
|--|-----------------------------------|-----------------------------|----------------------------|---|
| Deputy Registrar | 36.00 | N/A | N/A | N/A |
| Office Manager (leave blank if the Deputy Registrar is also the Office Manager) | 36.00 | \$ 27.00 | \$ 972.00 | \$ 3,888.00 |
| Assistant Office Manager | 0.00 | \$ 25.00 | \$ 0.00 | \$ 0.00 |
| Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u> | 108.00 | \$ 22.00 | \$ 2,376.00 | \$ 9,504.00 |
| New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u> | 0.00 | \$ 17.00 | \$ 0.00 | \$ 0.00 |
| TOTALS | 180.00 | N/A | \$ 3,348.00 | \$ 13,392.00 |

4.4 START-UP COSTS CALCULATION

Proposer's name: MAHMUT CAN HARMANSAH Location number: 12-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.

\$ 13392

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>N/A</u> |
| 2. Counter Costs | \$ <u>N/A</u> |
| 3. Other Costs | \$ <u>N/A</u> |
| 4. Total | \$ <u>N/A</u> |

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

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: \$ 2,133.34 x 3 = \$ 6,400.02

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] \$ 19792.02

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2025

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 MAHMUT CAN HARMANSAH

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

(City) _____, Ohio (Zip) 45424, to operate a deputy registrar agency, Location No. 12-A, to be located as follows: in the State of Ohio, County of CLARK

City/Village/Township (indicate which) CITY of SPRINGFIELD

Street address: 1109 North Bechtle Avenue

(City) SPRINGFIELD, Ohio (Zip) 45504

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 2025 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 2025 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 29th day of **June, 2025**, and shall end on the 29th day of **June, 2030**, 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 2025 Deputy Registrar Contract Terms and Conditions incorporated herein.

[Signature]
Deputy Registrar signature

1/25/2025
Date

STATE OF OHIO :
: COUNTY OF MONTGOMERY :

Before me, a notary public in and for said county and state, personally appeared the above named MAHMUT CAN HARMANSAH, 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 25 day of JANUARY, 2025.

Karla Howell
NOTARY PUBLIC

Printed name of Notary Public: Karla Howell

My commission Expires: 7/12/2025

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES



KARLA HOWELL
Notary Public, State of Ohio
My Commission Expires:
July 12, 2025

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on _____