

PAYROLL COMPARISON – 2026

Proposer Name: Alfred Mason

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>
	18-D					
Highest Rate	\$21/hr					
Lowest Rate	\$12.50/hr					
Number of Hours Recommended	121					
Number of Hours Proposed	161					
Total Monthly Wages	\$8,390					

Comments:

PERSONAL EVALUATION (2026)

Alfred Mason
18-D / 26002
Cuyahoga County, Cleveland
8039 Euclid Ave.

Evaluation Team Number: _____

Location(s) Proposed: (#1) 18-D _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Alfred A Mason Jr. _____

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

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>[Signature]</u>	<u>Michael Farrell</u>	<u>2/19/26</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: Stow License Bureau

Relationship: Deputy Registrar

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: 40

From (date): 7/2007 To (date): 1/2016 Length: 8.5 yrs

Verified Hours 40 = Factor 1 x Years 8.5 x Points 50 = 425

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>Stow License Bureau</i>	#	NA	=	1.0	x	<i>8.5</i>	x	50	=	<i>425</i>	✓
B.		#	NA	=	1.0	x		x	50	=		
C.		#	NA	=	1.0	x		x	50	=		
Subtotal of 13-A, 13-B & 13-C =										<i>425</i>		

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)	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?	(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

OPERATIONAL EVALUATION (2026)

Alfred Mason
18-D / 26002
Cuyahoga County, Cleveland
8039 Euclid Ave.

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>30</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>121</u> Proposed: <u>161</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2026 Ohio Minimum Wage Rate = \$7.25 or \$11.00 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>18,740</u> On Deposit (Form 3.4): \$ <u>50,003.60</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments:

Evaluators' signatures	Printed names	Date
(1) <u>Michael Farrell</u>	<u>Michael Farrell</u>	<u>2/19/24</u>
(2) _____	_____	_____

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Alfred A. Mason Jr

Proposer Number (BMV use only) _____

INSTRUCTIONS: You must submit one original and one copy of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original and one copy of these forms are required. Please place these forms in a separate envelope marked "Personal Documents."

INDIVIDUAL	✓ 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		
2020 Credit Report	✓		N/A	X	1	2020 Certificate of Good Standing		
2020 Local Law Enforcement Report	✓		2020 Local Law Enforcement Report			Articles of Incorporation		
2020 WebCheck Receipt	✓		2020 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:

18-D _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

2. Full legal name of proposer Alfred A. Mason Jr.

3.

4.

5.

6.

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

8.

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 _____	_____
_____	_____	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 Shaw High School

City East Cleveland State Ohio Zip 44118

College name Kent State Univeristy

City Kent State Ohio Zip 44220

Major Economics Degree awarded BA

College name Cleveland State Univeristy

City Cleveland State Ohio Zip 44115

Major Public Administration Degree awarded MPA

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.)

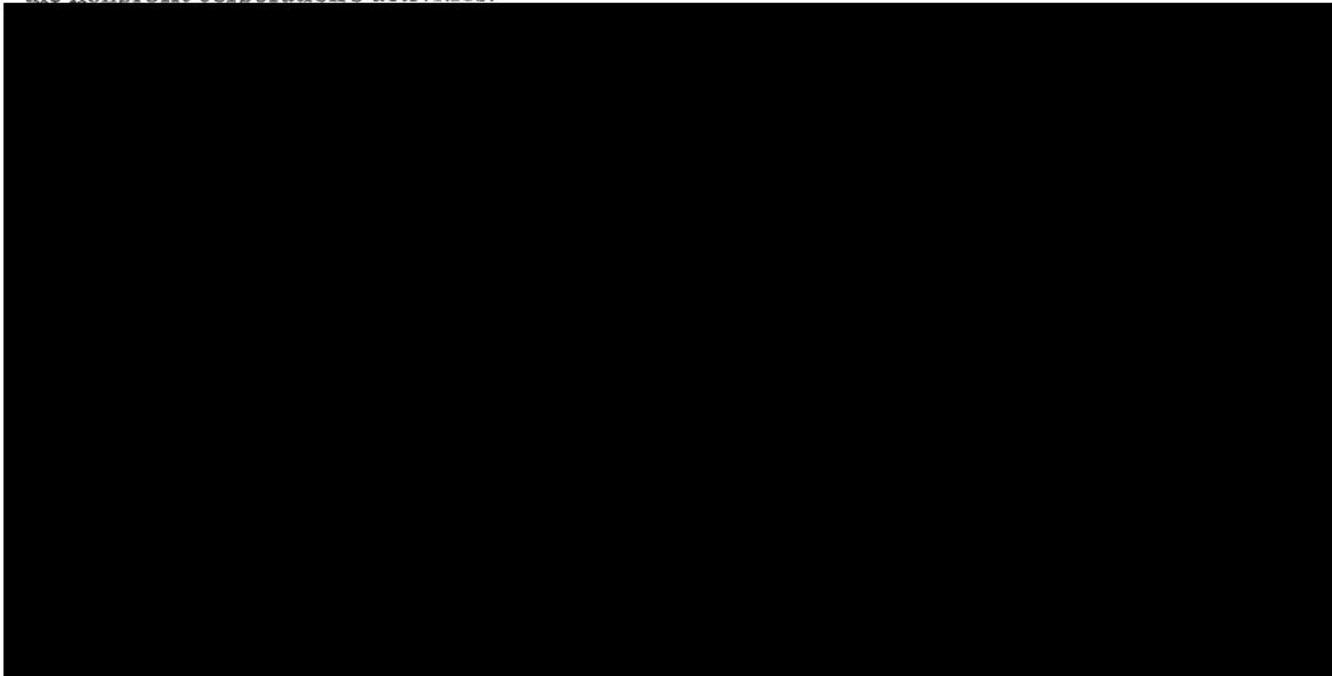
No _____ Yes

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

I have 8 years of experience working directly with BMV computer system.

Excellent working knowlege working with the following computer systems: Windows, Outlook, Excel, Chrome, Microsoft office and some social media outlets.

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.



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

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

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

Instructions

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

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

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

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

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

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Alfred A. Mason Jr Company name Stow License Bureau
Company address 3039 Graham Rd City Stow
State Ohio Zip 44224 Telephone (330) 677-6788
Type of business (deputy registrar, retail grocery, etc.) Deputy Register

Company's products and/or services Retail sales of state license services.

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

- 1. Federal Tax ID Number: [REDACTED]
- 2. Percentage of business you owned: 100 % Hours worked weekly 40+
- 3. Dates you operated this business: From: month 7 year 2007 To: month 1 year 2016
- 4. Is/was this business profitable? No Yes ✓
- 5. Is/was this business your primary source of income and support? No Yes ✓
- 6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
- 7. Do/did you directly manage employees on a daily basis? No Yes ✓
If you answered yes to question number 6, how many employees do/did you manage? 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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

()

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Alfred A. Mason Jr Company name Mason Property Management
 Company address 36002 Derby Downs Drive City Solon
 State Ohio Zip 44139 Telephone (216) 990-3604
 Type of business (deputy registrar, retail grocery, etc.) Real Estate Management

Company's products and/or services Provide affordable housing

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

1. Federal Tax ID Number: _____
2. Percentage of business you owned: 100 % Hours worked weekly 10+
3. Dates you operated this business: From: month 4 year 1993 To: month 12 year 2013
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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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 Alfred A. Mason Jr Company name UH Rehab Hospital
Company address 23333 Harvard Rd City Beachwood
State Ohio Zip 44146 Telephone (216) 593-2200
Type of business (deputy registrar, retail grocery, etc.) Hospital

Management/supervisory duties Responsible for day to day operations of the physical plant.

MANAGER OR SUPERVISOR - Job title: [REDACTED]

- Title of position Director of Plant Operations Hours worked weekly? 40
 - Dates this position was held: From: month 1 year 20 To: month _____ year _____
 - Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes
 - 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? 10
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]	[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 Alfred A. Mason Jr Company name Eliza Bryant Village

Company address 7201 Wade Park Ave City Cleveland

State Ohio Zip 44103 Telephone (216) 361-6141

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

Management/supervisory duties Responsible for the day to day operations of the facilities department.

MANAGER OR SUPERVISOR - Job title: [REDACTED]

1. Title of position Director of Facilities Hours worked weekly? 40

2. Dates this position was held: From: month 3 year 2016 To: month 1 year 2020

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? 17

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]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[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 Alfred A. Mason Jr Company name Children and Family Services
Company address 3955 Euclid Ave City Cleveland
State Ohio Zip 44115 Telephone (216) 431-4500
Type of business (deputy registrar, retail grocery, etc.) Social Service Agency

Management/supervisory duties Supervised a team of social workers that provided protective care to children.

MANAGER OR SUPERVISOR - Job title: Chief

1. Title of position Education Supervisor Hours worked weekly? 40

2. Dates this position was held: From: month 7 year 2006 To: month 6 year 2007

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? 10

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 Alfred A. Mason Jr Company name CMHA

Company address 8120 Kinsman Rd City Cleveland

State Ohio Zip 44104 Telephone (216) 348-4925

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

Management/supervisory duties Responsible for the day to day operations for a public housing development.

MANAGER OR SUPERVISOR - Job title: Regional Property Manager

1. Title of position Property Manager Hours worked weekly? 40

2. Dates this position was held: From: month 11 year 1999 To: month 10 year 2003

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? 20

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(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 Alfred A Mason Jr. Company name Child Support Enforcement
Company address 1640 Superior Ave. City Cleveland
State Ohio Zip 44144 Telephone (216) 443-5100
Type of business (deputy registrar, retail grocery, etc.) Social Service

EMPLOYEE - Job title: Support Officer
Hours worked weekly 40 Job duties Enforced child support orders.

Dates of this employment: From: month 11 year 1993 To: month 10 year 1999

Describe how and to what extent **you provided high quality customer service** at this position:
I treated clients with dignity and made sure all support orders were enforced according to the law.

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(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 Alfred A Mason Jr. Company name East Cleveland Neighborhood Ctr
Company address 15811 Euclid Ave. City East Cleveland
State Ohio Zip 44118 Telephone (216) N/A
Type of business (deputy registrar, retail grocery, etc.) Social Service

EMPLOYEE - Job title: Prevention Specialist

Hours worked weekly 40 Job duties Spoke to at risk youth about the dangers of drugs and alcohol.

Dates of this employment: From: month 09 year 1991 To: month 10 year 1993

Describe how and to what extent **you provided high quality customer service** at this position:
Through listening I was able to connect with children to determine what other services they
were in need of.

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

3.3 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):

Provide additional education and good customers tips to staff members relating to customer service.

Recruit/employ top academic achievers who understand the concept of providing excellent customer service.

Assure that my agency is clean, well light, organized and ran professionally.

Implement and define competency standards to enhance staff's ability to carry out their duties to provide excellent service.

Answer phones with a live person to handle customers questions personally.

Schedule additional staff during recognized high volume periods.

Provide seating and hold place in line for those who appear unable to stand for periods of time.

Provide vehicle title service for customer convenience. Current Deputy does not provide this need service.

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: _____

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 2023		JAN 1 - DEC 31 2024		JAN 1 - DEC 31 2025		2026 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 my agency by being a visuable deputy on site. I will take responsibility by following all policies set forth by the Registrar. I will be accountable by taking full responsibilty for all of the agencies short comings and then devise best practices to turn short comings to successes.

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?

This all begins with hiring the right people then providing training by seasoned management staff which will have at least 8 years experience operating a succussful license bureau. Once management feels comfortable that employees are ready to handle customers it will be mandatory for staff to read the BMV manual and broadcast during any down time.

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

I would educate staff that there is zero tolerance for fraud of any kind in the work place. All staff would have to sign the computer compliance agreement which spells out the punishment for par-taking in fraud. Also there will be multiple sets of eyes on documents along with multiple staff signatures to verify accurate information which will help alter, detect and prevent fraud.

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

Email broadcast will be immediately retrieved and made available for staff review. All staff will be required to read the latest broadcast before their shift starts and initial page for verification that they have read and comprehended the new information. All broadcast will be discussed as a group to clarify any misinterpretations.

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

I will demonstrate good leadership by leading my staff by example. I would talk less with staff and listen more. I would not show favoritism amongst. I'd do my fair share of work on the front line servicing customers and behind the scenes with daily reconciliation of paperwork.

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

I'd set high ethical standards for myself and staff then support those standards with training, communication and an atmosphere of trust. I'd set the example of proper performance. I'd regularly acknowledge and reward excellence. Give meaningful feedback when problems arise. Enforce guidelines evenly. Supply appropriate tools to enable staff to perform duties effectively.

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

I'd recruit from the local population including local colleges and universities in the area. Vetting those for the best of the best. In order to retain quality employees I would offer a great work environment and a competitive wage.

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

I'd provide a safe environment by ensuring that my place of business is appropriate lit with visible security cameras and signage. My agency will be cleaned and dusted daily and deep cleaned and painted as needed annually. Great customer service techniques will be taught to each staff member to ensure that it's a friendly and knowledgeable place to do business.

9. How would you deal with an irate customer?

From previous experience; customers become irate when they feel they were not given all the information needed to get the services they are in need of. Therefore, I'd allow the customer to explain themselves without interruption. Once we have established their situation, I'd calmly explain to the customer all the information needed to get the services that they seek. A listening ear that understands difficult circumstances help.

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

At my agency our moto was "Kill them with kindness." My advise is to remain calm. Cooler heads always prevail. Don't take it personal and use your best listening skills. Show sympathy. Apologize gracefully. Then get to work to find a solution. Once the situation is ove take a few minutes to gather yourself.

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

In order to meet the BMV's expectations I would develop a working relationship with my assigned field representative in order to get a clear understatnding of expectations. Then organize and prioritize time to maximize when and what things get done. If I'm unsure of something I'd ask for help early. I'd assemble the right team. Then hustle to get things done.

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

The Bureau of Motoer Vehicles should consider me for a Deputy Registrars License Agency because I have over 25 years of public service. Of which 8 1/2 years of said service was spent as a successful Deputy Registrar and excluding 8 years of military service to our country. 15 of those years I served in the capacity of a manager or above. In addition, I have a Masters Degree in Public Administration. Taking all of the above into consideration, my life experiences are well rounded to carry out any and all Deputy Registrars duties to their fullest.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Cuyahoga :

State of Ohio :

I, Alfred A. Mason Jr., 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: *Alfred A. Mason Jr.*

Printed/typed name of proposer: Alfred A. Mason Jr.

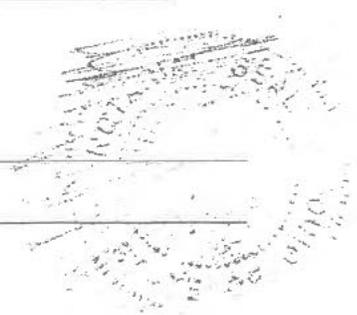
Sworn to and subscribed in my presence by the above named Alfred A. Mason Jr.

on this 2nd day of February, 2026

Dianne Simpkins
Notary Public

Printed name of Notary Public: Dianne Simpkins

My commission expires: July 14, 26



MINORITY BUSINESS ENTERPRISE QUESTIONNAIRE (2026)

Proposer's name: Alfred A. Mason Jr.

Instructions. The Director and Registrar will review all proposals submitted for available locations, with contracts being awarded to the individual, nonprofit corporation, county auditor, or eligible clerk of court who submitted the best proposal. If applicable, proposers qualifying as a minority business enterprise (MBE) are strongly encouraged to include applicable paperwork, including this document, with any/all proposals submitted. An MBE designation is taken into consideration for every contract award throughout the State. If you are, or want to become MBE certified, please refer to RFP Section 1.16, Minority Business Enterprise (MBE) Proposers. This questionnaire should be included with the Personal Forms, Form 3.0 through 3.11, in your proposal package.

1. Are you proposing as the owner of a minority business enterprise (MBE)? No Yes
2. Are you a citizen of the United States? No Yes
3. Are you a resident of the State of Ohio? No Yes
4. Are you a member of any of the following economically disadvantaged groups:
 - a. Blacks? No Yes
 - b. American Indians? No Yes
 - c. Hispanics? No Yes
 - d. Asians? No Yes
5. Are you an owner of a business at least fifty-one percent (51%) of which is owned and controlled by members of economically disadvantaged groups? No Yes
6. Have you owned and operated the business for at least one year? No Yes
7. Have you applied, or will you apply by February 6, 2026, to the Ohio Department of Administrative Services (DAS), Equal Opportunity Division (EOD), for certification as an owner of a minority business enterprise (MBE)? No Yes

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Alfred A. Mason Jr

Location Number 18-D

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>18,740.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Alfred A. Mason Jr. Location number: 18-D

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 30 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: 2/2/26

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Alfred A. Mason Jr. Location number: 18-D

(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
[REDACTED]	

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


Deputy registrar (proposer) signature

Date: 2/2/26

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Alfred A. Mason Jr. Location number: 18-D

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 \$405,000 per year and \$11.00 per hour by businesses with gross receipts of \$405,000 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	30.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40.00	\$ 21.00	\$ 840.00	\$ 3,360.00
Assistant Office Manager				
Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u>	60.00	\$ 14.50	\$ 870.00	\$ 3,480.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>2</u>	31.00	\$ 12.50	\$ 387.50	\$ 1,550.00
TOTALS	161.00	N/A	\$ 2,097.50	\$ 8,390.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Alfred A. Mason Jr. Location number: 18-D

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.

\$ 8390.00

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) = \$ 0.00

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

\$

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 3,450 x 3 = \$ 10,350.00

TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent] \$ 18,740.00

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2026

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 Alfred A.Mason Jr. _____, (deputy registrar, herein) whose



_____ to operate a deputy registrar agency, Location No. 18-D, to be located as follows: in the

State of Ohio, County of Cuyahoga

City/Village/Township (indicate which) City of Cleveland

Street address: 8039 Euclid Ave

(City) Cleveland, Ohio (Zip) 44103

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 2026 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 2026 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the **28th** day of **June, 2026**, and shall end on the **28th** day of **June, 2031**, 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"]:

INDIVIDUAL

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2026 Deputy Registrar Contract Terms and Conditions incorporated herein.

Alfred A. Mason Jr.
Deputy Registrar signature

2/226

Date

STATE OF OHIO :

COUNTY OF Cuyahoga :

Before me, a notary public in and for said county and state, personally appeared the above named Alfred A. Mason Jr., 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 02 day of February, 2026.

Dianne Simpkins
NOTARY PUBLIC

Printed name of Notary Public: Dianne Simpkins

My commission Expires: July 14, 2026

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES



BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Alfred A. Mason Jr.

Location Number 18-D

Proposed Site Address 8039 Eucild Ave. Cleveland Ohio 44103

Proposer's Telephone Number (number where BMV staff can reach you) [REDACTED]

Proposal Number (BMV use only) _____

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

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

FORM	DESCRIPTION	✓	BMV
5.0	Deputy Provided Site Checklist (this form)	✓	
5.1	Site Questionnaire (page 1 only if incumbent deputy registrar proposing existing license agency site)	✓	
5.2	ADA Checklist (leave blank if incumbent deputy registrar proposing existing license agency site)	✓	
5.3	Lease Option (leave blank if incumbent deputy registrar proposing existing license agency site)	✓	
	– filled out, including complete address	✓	
	– signed and notarized		
5.4	Proximity Attachment [for "Proximity" sites only] (leave blank if incumbent deputy registrar proposing existing license agency site)	✓	
Proposer provided	Site Plan (leave blank if incumbent deputy registrar proposing existing license agency site)	✓	
	– on 8½ x 11-inch paper	✓	
	– with complete dimensions	✓	
Proposer provided	Counter Plan (leave blank if incumbent deputy registrar proposing existing license agency site)	✓	
	– on 8½ x 11-inch paper	✓	
	– with complete dimensions	✓	
Proposer provided	Map (leave blank if incumbent deputy registrar proposing existing license agency site)	✓	
	– with site clearly marked	✓	

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 18-D
Street address of site 8039 Euclid Ave.
City Cleveland, Ohio, Zip Code 44103
2. Is the site you are proposing currently in operation as a deputy registrar agency?
No _____ Yes
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?
No _____ Yes
4. Are you an incumbent deputy registrar applying for a contract at an existing license agency site that was approved under your last contract?
No Yes _____
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?
No _____ Yes _____
6. A. If you answered "No" to question number 5, stop here. Print and submit this page only for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

7. Do you agree to comply with applicable Ohio Building Code requirements if construction or remodeling is necessary?

No _____ Yes

8. Is the site located in a city or village?

City _____

If so, name of city or village

Cleveland _____

If not, name of township in which it is located

N/A _____

9. In what county is this site located?

Cuyahoga _____

10. Is your proposed site within the geographic area specified in the Agency Specifications?

No _____ Yes

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

12. Have you included a map, with a mark showing the precise location of the proposed site?

No _____ Yes

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

500 _____ spaces

14. How many other businesses share the parking facilities?

24 _____ business(es)

15. What is the distance of the nearest regular parking space from the closest public entrance of the proposed agency site using the shortest route a person could safely walk?

20 _____ feet

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

500 _____ spaces

17. How many of the parking spaces are paved?

500 _____ spaces

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

500 _____ spaces

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

0 _____ spaces

20. Do you agree to keep the agency at a reasonable temperature? No _____ Yes

21. Will the site be safe for agency employees and patrons and will it have security available? No _____ Yes

Submission of a floor plan of the site is mandatory. If original drawings are larger than 8-½ x 11 inches, you must also provide a reduced size copy that will fit on one or more 8-½ inch by 11-inch pages. All dimensions must be indicated on the drawing. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.

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

23. How much space is allocated for the customer area? 726 square feet

24. How much space is allocated for the employee service area? 280 square feet

25. How much space is allocated for the employee private area? 162 square feet

26. How much space is allocated for the storage area? 119 square feet

27. How much space is allocated for the restroom facilities? 49 square feet

28. How much space is allocated for uses not listed above? 253 square feet

29. Total square footage of agency? 1689 square feet

Submission of a counter plan is mandatory. If your original drawings are larger than 8-½ x 11 inches you must also provide a reduced size copy that will fit on one or more 8-½ x 11-inch pages. All dimensions, including those of the disability accessible counter, must be shown. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.

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

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

32. Please indicate which of the two counter options from the Counter Specifications, RFP Appendix 2.1, you are choosing:

A. Operator sit-down arrangement B. Operator stand-up arrangement

33. Will your customer service counter be a minimum of 46 inches and a maximum of 48 inches (or for incumbent deputies only, a maximum of 50 inches) high?

No _____ Yes

Actual Measurement: 48 inches

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

No _____ Yes

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

No _____ Yes

Actual Total Length (all counters): 60 feet

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

No _____ Yes

Actual Depth: 30 inches

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

No _____ Yes

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

No _____ Yes

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

No _____ Yes

40. Will the disabled-accessible section of your counter be a minimum of 36 inches wide and have a knee hole opening of at least 27 inches clearance height, 30 inches wide and 19 inches deep?

No _____ Yes

Height: 30 Width: 30 Depth: 19

41. Will you have at least one terminal service area which will be readily accessible for use by individuals with a disability?

No _____ Yes

42. Will you provide space either on the counter or on one or more separate printer stands (additional space of at least 30 inches wide) for each of the printers in the agency?

No _____ Yes

43. How many signs do you propose for the location? 2 signs

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

Location of signs	Dimensions of signs
Out side Canopy of front Entrance	35.5 sq ft
Window Decal logo	30x24
_____	_____
_____	_____

45. **Form 5.3.** You must give satisfactory evidence that the facility you have proposed will be available for the operation of a deputy registrar agency during the entire period of the contract. If you will be leasing the facility from someone else, you must submit a fully executed (signed, notarized, and accepted) Lease Option; Form 5.3. If you own the property yourself, you must submit a copy of your deed along with a Lease Option, Form 5.3, giving yourself an option or a written statement that the property is available for use as a deputy registrar agency.

46. **Form 5.4.** Is the location for which you are proposing designated a DEPUTY PROVIDED PROXIMITY SITE in the Agency Specifications for that location?

_____ Yes. You must complete and submit with your proposal a fully completed Proximity Attachment, Form 5.4.

No. Please do not submit the Proximity Attachment, Form 5.4.

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Answer all questions for the proposed facility as it now exists. If the site as it now exists is deficient in any respect, list in the spaces provided all improvements the landlord or you will make if you are awarded a deputy registrar contract. Be specific. You may use the possible solutions noted on this form or you may propose your own solutions. If the proposed facility is under construction, answer all questions regarding the facility after completion in accordance with the construction plans. If any question clearly does not apply, mark it "Not Applicable" or "N/A."

1. ACCESSIBLE ENTRANCE. People with disabilities should be able to arrive at a parking space accessible to persons with disabilities on the site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities. "Accessible space" means a parking space which meets all Americans with Disabilities (ADA) requirements for disability (formerly "Handicapped") parking. "Accessible entrance" means an entrance to a building which meets ADA requirements for access by persons with disabilities, including persons who are in wheelchairs.

- A. Is there a path of travel from the disability accessible parking space to the agency entrance that does not require the use of stairs? No Yes
- B. Is the path of travel stable, firm, and slip-resistant? No Yes
- C. Except for curb cuts, is the path at least 36 inches wide? No Yes
- D. Do curbs on the pathway have curb cuts at least 32 inches wide at all necessary points? No Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, adding a ramp, designing an alternative path of travel, repairing surfaces, widening the pathway, installing curb cuts, etc.

Improvements to be made:

- A. None
- B. _____
- C. _____
- D. _____

2. RAMPS. Are ramps necessary to permit wheelchair access? Yes No

If "yes" complete the following information. If "no," skip forward to "Parking and Drop-Off Areas," next page.

A. Are the slopes of ramps no greater than 1:12? No Yes

Slope is given as a ratio of the height to length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.

B. Do all ramps longer than six (6) feet have railings on both sides? No Yes

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Are railings sturdy, and between 34 and 38 inches high? No _____ Yes _____
- D. Is the width between railings at least 36 inches? No _____ Yes _____
- E. Are ramps non-slip? No _____ Yes _____
- F. Is there a 5-foot-long level landing at the top of the ramp, at the bottom of the ramp, at switchbacks, if any, and at every 30-foot horizontal length of ramp? No _____ Yes _____

The ramp should rise no more than 30 inches between landings.

If ramps are necessary, and the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, lengthening ramp to decrease slope, relocating ramp, rebuilding ramp, adding railings, repairing or adjusting railings, adding non-slip surface materials, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

3. **PARKING AND DROP-OFF AREAS.** Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle)? No _____ Yes

For guidance in determining the appropriate number to designate, the table below gives the ADA requirements for new construction and alterations.

Total spaces	Accessible						
1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces

- A. Are 16-foot wide spaces, with 98 inches of vertical clearance, Available for lift-equipped vans? No _____ Yes
- At least one of every 8 accessible spaces must be van-accessible.*
- B. Are the accessible spaces closest to the accessible entrance? No _____ Yes
- C. Are the accessible spaces marked with the International Symbol of Accessibility (standard disability parking sign)? No _____ Yes

5.2 ADA CHECKLIST AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, reconfiguring spaces by repainting stripes, moving the spaces, adding proper signs, etc.

Improvements to be made:

- A. None
- B. _____
- C. _____

After improvements, if any, have been made, how far will it be between the nearest accessible parking space to the nearest accessible building or mall entrance using the most direct path a wheelchair can safely travel?

Measurement = 20 Feet

Is the nearest accessible space within two hundred (200) feet of the accessible entrance? No _____ Yes

Is the nearest accessible space within one hundred (100) feet of the accessible entrance? No _____ Yes

4. **ENTRANCE.** If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance? No _____ Yes

A. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance? No _____ Yes

B. Can the accessible entrance be used independently? No _____ Yes

C. Does entrance door have at least 32 inches clear opening (for double door, at least one 32-inch leaf)? No _____ Yes

D. Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle? No _____ Yes

A person using a wheelchair needs this space to get close enough to open the door

E. Is the threshold level (less than 1/4 inch high) or beveled, up to 1/2 inch high? No _____ Yes

F. Are doormats 1/2 inch high or less with beveled or secured edges? No _____ Yes

G. Is the door handle no higher than 48 inches and operable with a closed fist? No _____ Yes

(The "closed fist" test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.)

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

5. ACCESS TO ALL DEPUTY REGISTRAR SERVICES. Ideally, the layout of the building should allow people with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

- A. Does the accessible entrance provide direct access to the main floor, lobby, or elevator? No _____ Yes
- B. Are all public spaces on an accessible path of travel? No _____ Yes
- C. Is the accessible route to all public spaces and services at least 36 inches wide (except for interior doors)? No _____ Yes
- D. Are the aisles between chairs or tables at least 36 inches wide? No _____ Yes
- E. Are there spaces for wheelchair seating distributed throughout? No _____ Yes
- F. Do interior doors into public spaces have at least a 32-inch clear opening? No _____ Yes
- G. On the pull side of interior doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair can get close enough to open the door? No _____ Yes
- H. Can doors be opened without too much force? No _____ Yes
- I. Are door handles 48 inches high or less and operable with a closed fist? No _____ Yes
- J. Are all interior thresholds, if any, level (less than 1/4 inch high), or beveled, up to 1/2 inch high? No _____ Yes
- K. Is carpeting, if any, low-pile, tightly woven, and securely attached along edges? No _____ Yes

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____

SEATS, TABLES & COUNTERS

- A. Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide? No _____ Yes
- B. Is the top of the ADA table or counter between 28 and 34 inches high? No _____ Yes
- C. Are knee spaces at accessible tables at least 27 inches clearance height, 30 inches wide, and 19 inches deep? No _____ Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____

6. RESTROOM USAGE. Restrooms should be accessible to people with disabilities.

- A. Is there currently a restroom available for use by the customers of the agency? No Yes _____
- B. Is at least one restroom (either one for each sex, or unisex) fully ADA accessible? No _____ Yes

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Is there adequate signage identifying the ADA restroom(s)? No _____ Yes
- D. Is the doorway of the ADA restroom at least 32 inches clear? No _____ Yes
- E. Are doors to the ADA restroom(s) equipped with accessible handles (operable with a closed fist), 48 inches high or less? No _____ Yes
- F. Can doors to the ADA restroom(s) be opened easily (5-pound maximum force)? No _____ Yes
- G. Does the entry configuration to the ADA restroom(s) provide adequate maneuvering space for a person using a wheelchair? No _____ Yes
- H. Is there a 36-inch-wide path to all fixtures in the ADA restroom(s)? No _____ Yes

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

STALLS. The following questions apply to ADA restroom(s).

- A. Is the stall door operable with a closed fist, inside and out? No _____ Yes
- B. Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)? No _____ Yes
- C. In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet? No _____ Yes
- D. Is the toilet seat 17 to 19 inches high? No _____ Yes

If the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____

LAVATORIES. The following questions apply to ADA restroom(s).

- A. Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front? No _____ Yes
- B. A maximum of 19 inches of the required depth may be under the lavatory. No _____ Yes
- C. Is the lavatory rim no higher than 34 inches? No _____ Yes
- D. Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)? No _____ Yes
- E. Can the faucet be operated with one closed fist? No _____ Yes
- F. Are soap and other dispensers and hand dryers within reach ranges and usable with one closed fist? No _____ Yes
- G. Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower? No _____ Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

* Spoke with owner and he is willing to sign lease with successful bidder
5.3 LEASE OPTION

1. I (we)(owners' complete names) _____

_____ of (owners' complete address) _____

City _____, State _____, Zip _____

HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of _____, (state whether city, village or township)

_____ of _____ and commonly known as:

(property's address) _____

Suite _____ City _____, Ohio, Zip _____

to (proposer's name) _____

of (proposer's address) _____

City _____, Ohio, Zip _____

for the operation of a deputy registrar agency under contract with the Ohio Bureau of Motor Vehicles, and for no other purpose.

2. THE TERM OF THE LEASE, if executed, shall begin no later than the 28th day of June, 2026 and shall not terminate before the 28th of June, 2031.

3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31st day of May, 2026.

4. THE PARTIES AGREE AS FOLLOWS:

A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.

B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.

C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.

D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

Owner(s)' signature(s): _____

Owner(s)' printed name(s): _____

STATE OF _____:

COUNTY OF _____:

The foregoing instrument was acknowledged before me on this _____ day of

_____, 2026, by the owners, _____

Notary Public

Printed name of Notary Public: _____

My commission expires on _____

I hereby accept this option.

Date

Optionee signature, Deputy Registrar Proposer