

PAYROLL COMPARISON – 2026

Proposer Name: Kerry Pollock

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>
	73-A					
Highest Rate	\$22/hr					
Lowest Rate	\$16/hr					
Number of Hours Recommended	201					
Number of Hours Proposed	211					
Total Monthly Wages	\$13,208					

Comments:

PERSONAL EVALUATION (2026)

Kerry Pollock
73-A / 26021
Scioto County, Portsmouth
843 11th St.

Evaluation Team Number: _____
Location(s) Proposed: (#1) 73-A _____
Proposed as 2nd Location _____
Verify Proposer's Full Name: (#2) Kerry Anne Pollock _____
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><i>Michael Farrell</i></u>	<u>Michael Farrell</u>	<u>2/26/26</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: Portsmouth License Agency

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: 45+

From (date): 10/2019 To (date): 2/2026 Length: 6.4 yrs

Verified Hours 40 = Factor 1 x Years 6.4 x Points 50 = 320

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>Portsmouth License Agency</i>	# NA = 1.0	x	<i>6.4</i>	x 50 =	<i>320</i> ✓
B.		# NA = 1.0	x		x 50 =	
C.		# NA = 1.0	x		x 50 =	
Subtotal of 13-A, 13-B & 13-C =					<i>320</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?	<u>2</u>	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?	<u>5</u>	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	<u>5</u>	*
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)	<u>5</u>	*
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?	<u>11</u>	0
B. Equal Employment Opportunity?		
C. Employee training by the deputy registrar?		
D. Participation in BMV provided training?		
E. Evaluation of employee performance?		
F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?		
G. Progressive disciplinary steps?		
H. Dress code with list of acceptable attire?		
I. Dress code with list of unacceptable attire?		
J. A policy for maintaining the professional appearance of all staff at all times?		
K. Fringe benefits (beyond those required by law or contract)?		

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

28

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

Comments: _____

PERSONAL EVALUATION

OK | NO

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

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

17

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

Comments: _____

PERSONAL EVALUATION

OK | NO

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

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

OPERATIONAL EVALUATION (2026)

Kerry Pollock
73-A / 26021
Scioto County, Portsmouth
843 11th St.

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>20</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	2	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>201</u> Proposed: <u>211</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>22,208</u> On Deposit (Form 3.4): \$ <u>78,049.92</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments: _____

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

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Kerry Anne Pollock

Proposer Number (BMV use only) _____

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

INDIVIDUAL		✓	BMV	COUNTY AUDITOR OR CLERK OF COURTS		✓	BMV	NONPROFIT CORPORATION		✓	BMV
Form 3.0 Personal Checklist (this form)	✓			Form 3.0 Personal Checklist (this form)				Form 3.0 Personal Checklist (this form)			
Form 3.1 Personal Questionnaire	✓			Form 3.1 Personal Questionnaire				Form 3.1 Personal Questionnaire			
Form 3.2 Business and Employment Experience	✓			Forms 3.2 Business and Employment Experience				Forms 3.2 Business and Employment Experience			
Form 3.3 Customer Service Experience	✓			Form 3.3 Customer Service Experience				Form 3.3 Customer Service Experience			
Form 3.4 Start-Up Cost Funds on Deposit	✓			N/A	X		1	Form 3.4 Start-Up Cost Funds on Deposit			
Form 3.5 Political Contributions Report	✓			N/A	X		1	Form 3.5 Political Contributions Report Nonprofit Corporation			
N/A	X		1	N/A	X		1	Form 3.5 Political Contributions Report Chief Executive Officer			
Form 3.6 Comprehensive Personnel Policy Agreement	✓			Form 3.6 Comprehensive Personnel Policy Agreement				Form 3.6 Comprehensive Personnel Policy Agreement			
Form 3.7 Security Plan Agreement	✓			Form 3.7 Security Plan Agreement				Form 3.7 Security Plan Agreement			
Form 3.8 Facility Maintenance Plan Agreement	✓			Form 3.8 Facility Maintenance Plan Agreement				Form 3.8 Facility Maintenance Plan Agreement			
Form 3.9 Involved and Invested in Your Business	✓			Form 3.9 Involved and Invested in Your Business				Form 3.9 Involved and Invested in Your Business			
Form 3.10(A) Affidavit of Individual	✓			Form 3.10(B) Affidavit of Auditor or Clerk of Courts				Form 3.10(C) Affidavit of Nonprofit Corporation			
2026 Credit Report	✓			N/A	X		1	2026 Certificate of Good Standing			
2026 Local Law Enforcement Report	✓			2026 Local Law Enforcement Report				Articles of Incorporation			
2026 WebCheck Receipt	✓			2026 WebCheck Receipt				N/A	X		1
Pre-approval Statement for \$25,000 Bond	✓			Current Bond with BMV added as Additional Insured or CORSA				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:

73-A _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____

2. Full legal name of proposer Kerry Anne Pollock

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

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

City _____ State _____ Zip code _____

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

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

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

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

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

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

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

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

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

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

B. If YES, what office? _____

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

B. If YES, on what date does your contract expire? June 28, 2026

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

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

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

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

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

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

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

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

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

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

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (NPC N/A) Yes _____ No

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

Name	Relationship	Employment Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.) No _____ Yes

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

19. A. Are you an employee of the State of Ohio? (NPC N/A) Yes _____ No

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

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A) Yes _____ No

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement? Yes _____ No

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States? Yes _____ No

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

No _____ Yes

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

No _____ Yes

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

High school diploma?

No _____ Yes

High school name Clay High School

City Portsmouth State Ohio Zip 45662

College name Shawnee State University

City Portsmouth State Ohio Zip 45662

Major Allied Health Degree awarded Registered Nurse

College name Chamberlain University

City Downers Grove State IL Zip 60515

Major Bachelor of Science Degree awarded BSN

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

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 Kerry Anne Pollock Company name Portsmouth License Agency
Company address 843 11th Street City Portsmouth
State Ohio Zip 45662 Telephone (740) 353-2171
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Process DL, ID, CDL, vehicle registrations, ect for the State of Ohio BMV

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 45+
3. Dates you operated this business: From: month 10 year 2019 To: month 06 year 2026
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 8
8. Have you ever developed a comprehensive business plan? No ✓ Yes

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

Name	City	State	Zip	Daytime Phone
------	------	-------	-----	---------------

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 Kerry Anne Pollock Company name Southern Ohio Medical Center

Company address 1805 27th Street City Portsmouth

State Ohio Zip 45662 Telephone (740) 356-5000

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

Management/supervisory duties Assisted RN's with critical patients; Rapid Responses, Codes; LOOP; worked with physicians/ACNP; worked with families/patients; set up transfers for patients

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Assistant Nurse Manager Hours worked weekly? 36+

2. Dates this position was held: From: month 08 year 2014 To: month 11 year 2019

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

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

If you answered yes to question number 4, how many employees do/did you manage? 6-8

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 Kerry Anne Pollock Company name Portsmouth License Agency
Company address 843 11th Street City Portsmouth
State Ohio Zip 45662 Telephone (740) 353-2171
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Scheduling employee work hours; payroll; payroll taxes;
W-2's; General ledger; Interviewing applicants; paying invoices; reconciling check book

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Office Manager Hours worked weekly? 20

2. Dates this position was held: From: month 06 year 2009 To: month 12 year 2018

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

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

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

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

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

3.2(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 Kerry Anne Pollock Company name Burger Barn
Company address 201 Second Street City Portsmouth
State Ohio Zip 45662 Telephone () business closed
Type of business (deputy registrar, retail grocery, etc.) Dairy Bar

Management/supervisory duties Scheduling employee work hours; payroll; payroll taxes;
W-2's; General ledger; Interviewing/hired applicants; paying invoices; reconciling check book

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Office Manager Hours worked weekly? 40+
2. Dates this position was held: From: month 06 year 1998 To: month 03 year 2001
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? 7
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 Kerry Anne Pollock Company name Herrmann's Meats, Inc.
 Company address 321 Market Street City Portsmouth
 State Ohio Zip 45662 Telephone () business closed
 Type of business (deputy registrar, retail grocery, etc.) Retail meat and grocery store

Management/supervisory duties payroll; payroll taxes; accounts payable
W-2's; General ledger; reconciling check book; accounts receivable

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Office Manager Hours worked weekly? 35
 2. Dates this position was held: From: month 04 year 1994 To: month 06 year 1998
 3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes
 4. Do/did you directly manage/supervise employees on a daily basis? No Yes
- If you answered yes to question number 4, how many employees do/did you manage? _____
5. 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 Kerry Pollock Company name Southern Ohio Medical Center
Company address 1805 27th Street City Portsmouth
State Ohio Zip 45662 Telephone (740) 356-5000
Type of business (deputy registrar, retail grocery, etc.) Hospital

EMPLOYEE - Job title: Registered Nurse--Intensive Care Unit

Hours worked weekly 36 Job duties caring for critical care patients; CRRT, Balloon Pump;
titrating critical care drips, intubating/monitoring patients on ventilators; rapid reponses;

CODE's; collaborating with physicians, NP and other departments involved in the patients care.

Dates of this employment: From: month 06 year 2005 To: month 08 year 2014

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

With critical ill patients, it is important to include family in the care of their loved ones. Offering
open visitation and family involvement with care helps reduce anxiety. Family presents
when a loved one is coding, lets them see everything possible is being done for their loved one.

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Kerry Pollock Company name Portsmouth License Agency
Company address 843 11th Street City Portsmouth
State Ohio Zip 45662 Telephone (740) 353-2171
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Clerk
Hours worked weekly 32 Job duties processing DL; ID; CDL, out of state conversions; out of state inspections; vehicle registrations (new, renewal and transfers).

Dates of this employment: From: month 03 year 2001 To: month 06 year 2005

Describe how and to what extent **you provided high quality customer service** at this position:
performing my duties in a professional, efficient and courteous manner. Example
being going out to a customer's vehicle and placing the sticker on the plate for them.
Greeting the customer with a smile and thanking them for their business.

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):

Streamlined Customer Check-In Process:

To ensure that every customer receives an efficient and positive experience, a knowledgeable clerk is stationed at the front door. This individual is responsible for answering customer inquiries, verifying that each customer has the necessary documents for their requested service, and entering them into the Q-FLOW system. The greeter also provides any required forms for transactions, allowing customers to complete paperwork ahead of being called to the counter. In cases where a customer is seeking a new, renewal, or duplicate credential, the greeter supplies a specific questionnaire to be filled out. Additionally, the greeter handles out-of-state inspections for customers. These measures have significantly improved workflow and reduced customer wait times.

Accessibility for Customers with Mobility Challenges:

For customers who have difficulty walking or moving about, staff members go directly to their vehicles to assess their needs, process transactions, and return for necessary signatures to complete the transaction. Staff will also apply registration stickers to license plates on the customer's vehicle, ensuring convenience and accessibility.

Accommodations for Medically Vulnerable Customers:

For customers with medical conditions or personal reasons that make it difficult for them to be around others, special arrangements are made. The agency will open early or remain open after hours to provide assistance in a safe and comfortable environment.

Services for Commercial Customers

Commercial customers have the option to drop off registration documents. The staff arrives early to process these registrations and then contacts the customer with the total amount due, streamlining the process and minimizing waiting times for commercial clients.

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: Kerry Anne Pollock

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 am an actively involved dual deputy, I have set guidelines and expectations of my managers and staff to provide a knowledgeable, efficient agency with excellent customer service. I am in daily contact with managers. I have regular mandatory staff meetings. I maintain 24/7 technology monitoring on my phone and in the agencies to maintain policies and procedure are followed and concerns are addressed in real time. I have an open door policy and address concerns of customers and staff promptly.

By being actively involved, I am accountable for the agencies and providing excellent customer service.

2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver's licenses, identification cards, and vehicle registrations?

I will ensure all laws, rules, guidelines and procedures are followed by strict supervision and staff training of procedures and policies. I regularly review credential and vehicle registration processes for accuracy. I review any errors with the processing clerk for teaching purposes.

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

To detect, deter and prevent fraud, the staff is trained to detect questionable documents. I have fraud detection tools and all staff know where they are located and how to use the tool effectively. Managers and staff follow strict guideline when detecting fraudulent documents.

I maintain 24/7 technology monitoring on my phone and in the agency to address fraud in real time

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

To ensure policies and procedures are communicated to the staff and followed on a daily basis. With broadcasts, I have a supervisor print off the broadcast. I made a label with each clerks name and a line so they can put their initials and the date they read the broadcast. This label is attached to the back of the broadcast. This makes it easier to see who has read the broadcast. Everyone is expected to read the broadcast before leaving that day. On days they are off, the staff member is expected to read and initial the broadcast the following work day. When policies and procedure changes are communicated by email, I print the email and have each staff member read, date and initial the email. After everyone has signed the email, it is placed in the Employee meeting notebook

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

I demonstrate good leadership to my staff by leading by example. I work at a terminal processing transactions along side my clerks. I also work as a greeting at the door answering the customers questions, making sure they have the proper documents, checking them into Q-Flow and giving them forms to fill out while they are waiting to be called to the counter.

I have an open door policy with staff and customers. I am available to my clerks 24/7.

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

How will I maintain a high level of professionalism each day in this business? I lead by example, maintaining a professional appearance and attitude for myself and expect my staff to do the same. I give the customer my full attention when they are explaining a problem they are experiencing. I voice their concern back to them to insure I understand their situation fully, I correct their problem if it is something that can be completed in the agency. If it requires attention at a higher level, I direct them to the person who can assist them with their concern.

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

How do I intend to recruit and retain high quality employees? I post employment opportunities on INDEED. I also offer employees a \$150.00 recruitment fee for anyone they recommend and is hired to work at the agency. I offer employees after their 90 day probationary period bonus. A monthly bonus is provide for a portion of the nuts, bolts, temporary tag cover, handicapped covers that are sold. \$100.00 for full time employees and \$50.00 for part-time employees to offset health insurance costs. They are also given quarterly bonuses based on attendance, error rate, and being a positive team member. They are given gift cards quarterly for being mentioned on customer comments. I provide lunches for their birthdays and "just because" days. I provide team dinners and outing such as ax throwing

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

Safe: There are camera's monitoring behind each station and throughout the inside and outside of the agency. There are panic buttons at each station and throughout the inside of the agency. Staff is trained to handle emergency situations. I also have remote video monitoring on my phone.

Cleaning: Cleaning is done as needed during working hours and nightly after the agency closes. This includes disinfecting the counters and chairs, cleaning the bathrooms, sweeping, vacuuming and mopping the floors.

Friendly: My staff enjoy their jobs and it reflects on the kindness they extend to their customers and each other. Each customer is greeted with a smile and asked, "How may I help you today?". Each customer is thanked for coming into the agency. Each military personnel and veteran are thanked for their service.

9. How would you deal with an irate customer?

I would deal with an irate customer by approaching the customer in a calm respectful manner. I would listen patiently to what the customer has to say along with watching their body language. I would reiterate what they said and ask follow up questions for clarification. I would apologize to the for the problem they are experiencing and see what could be done. Empathy is a great method to calm strong emotions a customer may be feeling. If I could not resolve the matter within the agency, I would contact my Field Rep and seek addition instruction to assist the customer

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

The training I have given to my staff for dealing with irate customers is to treat them how they would wanted to be treated in the same situation. I ask my staff to remain calm and empathize with the customer, to reiterate what the customer has said them, seek a solution for the customer within the policies and procedures of the BMV. If a customer becomes difficulty, the clerks know to involve a supervisor or myself to deescalate or assist with the issue.

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

I will meet the expectations of the BMV by being totally engaged in the operation of the agency. I have high expectations of myself and strive to provide the best license agency in the county. I have a positive attitude and abide by the policies and procedures of the BMV. I expect my staff to do the same. I use the feedback from by Field Rep as a learning tool to work on areas of improvement. I strive daily to improve as a deputy and to provide the best license agency for the BMV. I attend all training sessions and remain up-to-date on policy revisions.

Most importantly, I will never complain, but remain grateful for this opportunity.

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

I have 18.5 years experience working at a BMV agency (Portsmouth License Agency). First as a clerk, then transitioned into office manager responsible for the accounting aspects of the agency, finally as a Deputy Registrar. In 2023, I became a dual deputy over Portsmouth License Agency and Ironton License Agency.

I am a Deputy Registrar who works along side my staff. I work the customer line making sure they have all the required documents to process their transaction. I assist the clerks when needed. I take the customers pictures for their credentials. I review vehicle registrations and verify documents for credentials.

I accept responsibly when errors occur. I discuss the error with the staff member involved along with encouraging them to review the policy and procedures manual. This prevents additional errors to occur and builds their confidence and knowledge base. I use feedback from my Field Rep. as opportunities for improvement and learn from the feedback.

My expectations are high and I strive for excellence in myself as a Deputy Registrar. I am passionate and committed to provide the most efficient and customer friendly agency. I feel my staff work extremely hard and possess the same commitment I have.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Scioto ✚:

State of Ohio :

I, Kerry Anne Pollock, 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: Kerry Anne Pollock

Printed/typed name of proposer: Kerry Anne Pollock

Sworn to and subscribed in my presence by the above named Kerry Anne Pollock

on this 23 day of JANUARY, 2026

Ida Williams
Notary Public

Printed name of Notary Public: IDA WILLIAMS

My commission expires: 11-2-30



4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Kerry Anne Pollock

Location Number 73-A

Proposer Number (BMV use only) _____

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

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>22,208.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Kerry Anne Pollock Location number: 73-A

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 20 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.

Kerry Pollock
Deputy registrar (proposer) signature

Date: 1/23/2020

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Kerry Anne Pollock Location number: 73-A

(A) HIRING EXPERIENCED EMPLOYEES. I certify that if I am appointed as a deputy registrar under contract with the Registrar of Motor Vehicles, I will make every good faith effort to hire and retain qualified employees who have relevant experience working in a deputy registrar agency. I agree to make bona fide offers of employment at comparable wages and under comparable conditions to their most recent deputy registrar employment experience.

(B) CHECK WHICHEVER APPLIES:

I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant experience working in a deputy registrar agency. **Please do not contact any deputy registrar employees until after you have been awarded a contract.**

I AM OR HAVE BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have identified the following persons to whom I will make a bona fide offer of employment at comparable wages and under comparable conditions to their present employment. (A deputy registrar or a proposer who has deputy registrar employment experience may list himself or herself here):

Name of Experienced Employee	Length of Experience
Kerry Anne Pollock	18.5 years
Ida Williams	15 years
Kortney Lewis	5 years
Peggy Tata	5 years
Ronda Eller	4 years

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

Kerry Anne Pollock
Deputy registrar (proposer) signature

Date: 1/23/2026

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Kerry Anne Pollock Location number: 73-A

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

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

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

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$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	20.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36.00	\$ 22.00	\$ 792.00	\$ 3,168.00
Assistant Office Manager	30.00	\$ 17.00	\$ 510.00	\$ 2,040.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>4</u>	125.00	\$ 16.00	\$ 2,000.00	\$ 8,000.00
New Hire Employees Total Number (combine Full-time & Part-time) = _____				
TOTALS	211.00	N/A	\$ 3,302.00	\$ 13,208.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Kerry Anne Pollock Location number: 73-A

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

1. PERSONNEL COSTS (FOUR WEEKS)

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

\$ 13208.00

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

\$ 0.00

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: \$ 3000.00 x 3 = \$ 9000.00

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] \$ 22208.00

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 Kerry Anne Pollock _____, (deputy registrar, herein) whose

 _____ to operate a deputy

registrar agency, Location No. 73-A _____, to be located as follows: in the State of Ohio, County of Scioto _____

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

Street address: 843 11th Street _____

(City) Portsmouth _____, Ohio (Zip) 45662 _____

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;

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Kerry Anne Pollock

Location Number 73-A

Proposed Site Address 843 11th Street, Portsmouth, Ohio 45662

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

Proposal Number (BMV use only) _____

INSTRUCTIONS: You must submit one original 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 **FOR EACH LOCATION**, you will not be evaluated for those locations.

ATTENTION: Proposers 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 a previous RFP and if there have been no changes to the site since the last contract was approved and signed. Under this license agency site provision, form 5.0, page one (1) of form 5.1, and form 5.3 must be completed and submitted with all other required forms and documents.

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

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 73-A
Street address of site 843 11th Street
City Portsmouth, Ohio, Zip Code 45662
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 applying for a contract at an existing license agency site that was approved under a previous contract?
No _____ Yes
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?
No Yes _____
6. A. If you answered "No" to question number 5, please print and submit this along with form 5.3 for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
- B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

5.3 LEASE OPTION

1. I (we)(owners' complete names) Pollock's Auto Ranch, Inc.

_____ of (owners' complete address) _____

City Portsmouth, State Ohio, Zip 45662

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 Scioto, (state whether city, village or township)

City _____ of Portsmouth and commonly known as:

(property's address) 843 11th Street

Suite _____ City Portsmouth, Ohio, Zip 45662

to (proposer's name) Kerry Anne Pollock

_____ 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): Pollock's Auto Ranch, Inc.

Robert Pollock

Owner(s)' printed name(s): Pollock's Auto Ranch, Inc.

Robert Pollock

STATE OF Ohio:

COUNTY OF Scioto:

The foregoing instrument was acknowledged before me on this 20 day of JANUARY, 2026, by the owners, Pollock's Auto RANCh, INC
ROBERT POLLOCK President

Ida Williams

Notary Public

Printed name of Notary Public: IDA WILLIAMS

My commission expires on 11-2-30

I hereby accept this option.



1/20/2026
Date

Kerney Anne Pollock
Optionee signature, Deputy Registrar Proposer

Agreement of Lease

Pollock's Auto Ranch, Inc. hereby lease to **Kerry Anne Pollock** the premises situate in the **City of Portsmouth**, in the County of **Scioto** and State of **Ohio** described as follows:

843 11th Street and 849 11th Street

With the appurtenances thereto, for the term of **5 years** commencing **June 28, 2026** at a rental of **\$3,000.00 per month**, payable to **Pollock's Auto Ranch, Inc.** and ending on **June 28, 2031**.

Said Lessee Agree to pay said rent, unless said premises shall be destroyed or rendered untenable by fire or other unavoidable accident; to not commit or suffer waste; to not use said premises for any unlawful purpose; to not assign this least, or under-let said premises, or any part thereof, or permit the sale of **her** interest herein by legal process, without the written consent of said lessor; to not use said premises or any thereof in violation of any law relating to intoxicating liquors, and at the expiration of this lease, to surrender said premises in as good condition as they now are, or may be put by said lessor reasonable ware and unavoidable casualties, condemnation or appropriation excepted. Upon non-payment of any of said rent for **90 days**, after it shall become due , and without demand made therefore; or if said lessee or any assignee of this lease shall make an assignment for the benefit of his creditors; or if proceedings in bankruptcy shall be instituted by or against lessee or any assignee; or if a receiver or trustee be appointed for the property of lessee or any assignee; or if this lease by operation of law pass to any person or persons; or if said lessee or any assignee shall fail to keep any of the other covenants of this lease, it shall be lawful for said lessor, **his** heirs or assigns, into said premises to re-enter, and the same to have again, re-possess and enjoy as in **his** first and former estate; and thereupon this lease and everything herein contained on the said lessor behalf to be done and preformed, shall cease, determine, and be utterly void.

Said Lessor Agree (said lessee having performed **her** obligations under this lease) that said lessee shall quietly hold and occupy said premises during said term without any hindrance or molestation by said lessor, **his** heirs or any person lawfully claiming under them.

The Lessee is hereby granted the option to renew this lease at the expiration of the original terms.

Signed this 20 day of January, 2026.

Signed and acknowledged in presence of:

Uda Williams
Kerry Pollock
Uda Williams
Uda Williams

Pollock's Auto Ranch, Inc.
Pollock's Auto Ranch, Inc.
Robert Pollock
Kerry Pollock

State of Ohio, Scioto County, ss.

Be It Remembered, that on the 20 day of JANUARY, 2026
before me, a Notary Public, in and for said county, personally came

Kerry Anne Pollock and Robert L. Pollock, President of Pollock's Auto Ranch, Inc.

the parties named in the foregoing Lease and acknowledged the signing thereof to be
voluntary act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my official
seal on the day and year aforesaid.



Uda Williams
Notary Public

My commission expires 2 day of November, 2030