

# PAYROLL COMPARISON – 2026

**Proposer Name: Laine Tarter**

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>
	09-C					
Highest Rate	\$24/hr					
Lowest Rate	\$14/hr					
Number of Hours Recommended	201					
Number of Hours Proposed	242					
Total Monthly Wages	\$12,976					

Comments:

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# PERSONAL EVALUATION (2026)

Laine Tarter  
09-C / 26023  
Butler County, Fairfield  
BMV Site

Evaluation Team Number: \_\_\_\_\_

Location(s) Proposed: (#1) 09-C \_\_\_\_\_

Proposed as 2<sup>nd</sup> Location \_\_\_\_\_

**Verify** Proposer's Full Name: (#2) Laine A Tarter

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluators' Signatures

Evaluators' Printed Names

Date

(1) Michael Farrell Michael Farrell 2/26/26

(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: Fairfield License Center Inc.

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: 36

From (date): 06/2009 To (date): 02/2026 Length: 16.8 yrs

Verified Hours 36 = Factor 1 x Years 16.8 x Points 50 = 840

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>Fairfield License Center LLC</i>	# NA = 1.0 x <i>16.8</i> x 50 =	<i>840</i>	✓
B.		# NA = 1.0 x     x 50 =		
C.		# NA = 1.0 x     x 50 =		
<b>Subtotal of 13-A, 13-B &amp; 13-C =</b>			<i>840</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 =		
<b>Subtotal of 14-A, 14-B &amp; 14-C =</b>				

### 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 =		
<b>Subtotal of 15-A, 15-B &amp; 15-C =</b>				

**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 =		
<b>Subtotal of 16-A, 16-B, 16-C &amp; 16-D =</b>				

**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 =		
<b>Subtotal of Lines 17-A, 17-B, 17-C &amp; 17-D =</b>				

**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)		
J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)	13	*
K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)		
L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)		
M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?		
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO	OK	NO

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
A. Indoor/Outdoor maintenance and cleaning?	1	0
B. Prompt snow and ice removal?	1	0
C. Carpet and/or floor cleaning (if appropriate)?	1	0
D. Repainting?	1	0

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

17

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL EVALUATION**

**OK | NO**

24. Form 3.9 – Involved and Invested in Your Business		
1. How do you plan to manage, be responsible, and be accountable for this business at all times?	1	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	1	0
3. What measures will you put in place to detect, deter, and prevent fraud?	1	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	1	0
5. How will you demonstrate good leadership to your employees?	1	0
6. How will you maintain a high level of professionalism each day in this business?	1	0
7. How do you intend to recruit and retain high quality employees?	1	0
8. How will you provide a safe, clean, and friendly place to do business?	1	0
9. How would you deal with an irate customer?	1	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	1	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	1	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	1	0
25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation		
A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	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)

Laine Tarter  
09-C / 26023  
Butler County, Fairfield  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement OR Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>201</u> Proposed: <u>242</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	<b>Start-Up Costs Calculation</b>		
	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>21,034.39</u> On Deposit (Form 3.4): \$ <u>29,480.70</u>	5	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points)

38

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

Comments: 4.4(c) BMV Controlled Attachment monthly rent \$2,686.13 x 3 = \$8,058.39. Proposal costs \$2,686.18 x 3 = \$8,058.54

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

Operational Evaluation (2026)

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Laine A. Tarter

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:

09-C      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

     \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

2. Full legal name of proposer Laine A. Tarter

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

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 27, 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 Fairfield Senior High School

City Fairfield State Ohio Zip 45014

College name Miami University

City Hamilton State Ohio Zip 45011

Major Business Administration Degree awarded No

College name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

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

No \_\_\_\_\_ Yes

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

Accounting/Financial: Quickbooks, Peach Tree, Mas90, & Quicken for both personal and business use

Word Processing: Microsoft Office for both personal and business use

Document Management Software: Acrobat Adobe for both personal and business use

Tax preparation: Turbo Tax for personal use

Email/messaging: BMV Email, Gmail, Roadrunner, Zoomtown, GroupMe for both personal and business use

BMV Bass System for business use

27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.



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

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

**Instructions**

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

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

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

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

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

## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Laine A. Tarter Company name Fairfield License Center Inc.  
Company address 530 Wessel Drive, Suite L City Fairfield  
State Ohio Zip 45014 Telephone ( 513 ) 826-6224  
Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Company's products and/or services Motor vehicle registrations, Ohio identification cards, driver licenses, other services as specified by law and directed by the Registrar

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 36
3. Dates you operated this business: From: month 06 year 2009 To: month 01 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? 12
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 Laine A. Tarter Company name Dogtown Grooming & Daycare

Company address 34 Donald Drive City Fairfield

State Ohio Zip 45014 Telephone ( 513 ) 858-1200

Type of business (deputy registrar, retail grocery, etc.) Dog grooming and daycare

Management/supervisory duties Supervision of employees, customer service, inventory, maintenance

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Manager Hours worked weekly? 50

2. Dates this position was held: From: month 07 year 2001 To: month 07 year 2004

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

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

If you answered yes to question number 4, how many employees do/did you manage? 5

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

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

Name	City	State	Zip	Daytime Phone
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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 Laine A. Tarter Company name Hamilton West License Bureau

Company address 138 North Brookwood Avenue City Hamilton

State Ohio Zip 45013 Telephone ( 513 ) 773-6282

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

Management/supervisory duties build fully operational agency creating all organizational structures, operational workflows, and accountability systems, training, payroll, banking, reporting, inventory

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Manager Hours worked weekly? 45

2. Dates this position was held: From: month 06 year 1996 To: month 09 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? 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
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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 Laine A. (Bock) Tarter Company name Fairfield License Center

Company address 530 Wessel Drive, Suite L City Fairfield

State Ohio Zip 45014 Telephone ( 513 ) 829-6224

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

Management/supervisory duties Supervision of employees, customer service, daily financial reconciliations banking, training, reporting, problem solving, scheduling, payroll, title service, inventory

MANAGER OR SUPERVISOR - Job title: Assistant Manager

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

2. Dates this position was held: From: month 06 year 1992 To: month 05 year 1996

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

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

If you answered yes to question number 4, how many employees do/did you manage? 12

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 Laine A. Tarter Company name Fairfield License Center, Inc.

Company address 530 Wessel Drive Suite L City Fairfield

State Ohio Zip 45014 Telephone ( 513 ) 829-6401

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

EMPLOYEE - Job title: Customer Service Representative

Hours worked weekly 10 Job duties Customer service, payroll, record maintenance  
problem solving; stocking

Dates of this employment: From: month 05 year 2008 To: month 06 year 2009

Describe how and to what extent **you provided high quality customer service** at this position:  
ensure every customer receives clear, complete, and accurate information. Maintain an enthusiastic,  
professional, and solutions oriented attitude in every interaction. Support a positive service  
environment and ensure all directives are carried out efficiently, consistently.

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 Laine A. Tarter Company name Abco Safety

Company address 11183 Woodward Way City Cincinnati

State Ohio Zip 45241 Telephone ( 513 ) 772-6464

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

EMPLOYEE - Job title: Customer Service Representative

Hours worked weekly 40 Job duties Customer service, research and development of client quotes, inventory, shipping and receiving, answering multiline phones

Dates of this employment: From: month 10 year 2005 To: month 01 year 2009

Describe how and to what extent you provided high quality customer service at this position:  
Ensure customers receive correct products in a timely manor, meet all necessary deadlines  
source non-stock products required for specific remediation. meet and exceed customer  
expectations.

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 Laine A. Tarter Company name ENC Service

Company address 11611 Grooms Road City Cincinnati

State Ohio Zip 45242 Telephone ( ) \_\_\_\_\_

Type of business (deputy registrar, retail grocery, etc.) Commercial Construction and excavation

EMPLOYEE - Job title: Administrative Assistant/Accounts Payable

Hours worked weekly 50 Job duties Accounts payable, equipment maintenance scheduling, support sales team, answer telephones

Dates of this employment: From: month 07 year 2004 To: month 10 year 2005

Describe how and to what extent **you provided high quality customer service** at this position:  
furnished estimators with detailed pricing and labor costs to ensure an efficient  
construction bid, created a data base for equipment maintenance to ensure no time  
loss due to mechanical malfunctions

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 Laine A. Tarter Company name Classix Auto Recyclers  
Company address 12155 Reading Road City Cincinnati  
State Ohio Zip 45241 Telephone ( 513 ) 733-9191  
Type of business (deputy registrar, retail grocery, etc.) Distributor of automobile restoration parts

EMPLOYEE - Job title: Customer Service Representative  
Hours worked weekly 50 Job duties Customer service, inventory, purchasing, shipping and receiving

Dates of this employment: From: month 09 year 1998 To: month 07 year 2001

Describe how and to what extent **you provided high quality customer service** at this position:  
developed and maintained professional relationships between suppliers and many repeat customers: researched information to accumulate a cohesive parts list for customers specific make and model vehicle, spent hours calling vendors for hard to find new old stock parts to satisfy customer orders

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]				

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### 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 Laine A. Tarter Company name Fairfield License Center, Inc.

Company address 530 Wessel Drive Suite L City Fairfield

State Ohio Zip 45014 Telephone ( 513 ) 829-6401

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

EMPLOYEE - Job title: Customer Service Representative

Hours worked weekly 40 Job duties Customer service, payroll, record maintenance

problem solving; stocking, inventory, reporting, banking, daily receipts, title service,

equipment maintenance.

Dates of this employment: From: month 06 year 1998 To: month 06 year 2009

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

ensure every customer receives clear, complete, and accurate information. Maintain an enthusiastic,

professional, and solutions oriented attitude in every interaction. Support a positive service

environment and ensure all directives are carried out efficiently, consistently.

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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### 3.3 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):

These are the initiatives I have implemented to improve customer service in my Deputy Registrar Office:

Developed and maintained a comprehensive Quick Reference Guide for Required Documents to assist staff.

Provided customers with clear instructions on obtaining essential documents such as birth certificates, Social Security cards, and INS documentation.

Reduced unnecessary wait times by ensuring customers arrive prepared.

Implemented a system where staff notify customers waiting in vehicles when their number is called, assisting those without cell phones.

Ensured equitable service for individuals without mobile devices.

Prioritized hiring bilingual employees to reduce communication barriers and provide more inclusive service.

Offered accessible seating options for customers unable to stand, ensuring safe and comfortable accommodations.

These efforts have enhanced efficiency, accessibility, inclusivity, and safety in the Deputy Registrar Office, strengthening overall customer service delivery.

If I am awarded a contract I will:

Explore installation of a wireless speaker system outside the office to announce ticket numbers, improving accessibility for customers waiting outdoors or in vehicles.

## 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: Laine A. Tarter

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

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

### 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 maintain clear and consistent communication with all staff and stakeholders to ensure alignment on goals and expectations. I will implement and monitor standard operating procedures to uphold service quality and efficiency. I will regularly review performance metrics and customer feedback to identify areas for improvement. I will foster a culture of accountability by setting clear responsibilities and following up on commitments. I will ensure compliance with all relevant laws, regulations, and organizational policies. I will lead by example, demonstrating professionalism, integrity, and dedication in all aspects of the business. I will remain accessible and responsive to both staff and customers to address concerns promptly. I will continuously seek opportunities for professional development and encourage the same among my team. I will document decisions and actions transparently to maintain trust and clarity.

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 ensure full compliance with all laws and procedures by maintaining clear, up-to-date operational standards, providing thorough staff training, and using systems that require proper documentation and verification for every transaction. Routine audits, supervisory reviews, and real-time quality checks help identify and correct issues quickly. I also promote a culture where staff ask questions, report concerns, and prioritize accuracy. Through consistent training, strong controls, and active oversight, compliance is upheld at all times.

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

To detect, deter, and prevent fraud, our agency will maintain strict identity and document verification procedures, continuous supervisory oversight, and routine audits of all transactions and secure inventory. Access to BMV systems and controlled materials will be limited to authorized staff and fully logged. Employees will receive ongoing training on fraud indicators and compliance requirements, and any irregularities will be escalated immediately through established BMV reporting channels. These measures ensure a consistent, accountable, and integrity-focused operation.

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

I make sure policy updates are shared quickly and clearly, and that they become part of our daily routine. When the BMV sends new guidance, I review it right away and pass it along to staff through team meetings, quick written updates. I also fold changes directly into our checklists and daily huddles so the new expectations are reinforced in real time. If something requires extra explanation, I provide short, focused training to make sure everyone understands what's changing and why. From there, supervisors keep an eye on workflow and help staff stay on track through coaching and regular quality checks. We keep communication open so employees feel comfortable asking questions and raising concerns. That combination of clear communication, hands-on support, and daily follow-through keeps us aligned and compliant.

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

I demonstrate good leadership by setting clear expectations, communicating openly, and modeling the accountability I expect from others. I work alongside my team, listen to their ideas, and involve them in problem-solving so we're moving forward together. By staying consistent, supportive, and collaborative, I help create a culture where people feel valued and motivated to deliver their best work.

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

I maintain professionalism by staying organized, adaptable, and steady in a fast-paced environment. I communicate clearly with both clients and staff, set consistent expectations, and support a team culture built on respect and accountability. By staying attentive to the needs of diverse clientele and ensuring staff feel informed and supported, I help create a reliable, professional experience for everyone who walks through the door.

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

I recruit and retain high-quality employees by building on the strong culture we've already created. Nearly half of my team has been with me for five to fifteen years, which reflects a workplace where people feel supported and valued. I focus on hiring for fit, providing clear training and expectations, recognizing strong performance, and maintaining open communication so employees can grow and stay long-term.

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

I maintain a safe, clean, and well-organized workspace by keeping surfaces sanitized, equipment in good working order, and high-traffic areas clear and orderly throughout the day. I follow all safety protocols consistently and stay alert to anything that could pose a risk. Because we serve many foreign nationals, I use clear, simple communication and offer extra guidance when needed so every customer feels welcome, supported, and confident doing business with us.

9. How would you deal with an irate customer?

With extensive customer service experience, I handle irate customers by staying composed, listening carefully, and acknowledging their frustration. My background allows me to quickly identify the root issue, provide clear and accurate information, and offer practical solutions within policy. Throughout the interaction, I maintain professionalism and ensure the customer leaves with a clear understanding of the next steps.

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

I train employees to stay calm, listen fully, and acknowledge the customer's frustration before offering solutions. We practice de-escalation techniques, reinforce policy knowledge so staff can respond confidently, and role-play challenging scenarios to build skill and consistency. After difficult interactions, we review what happened as a team to strengthen judgment and improve future responses.

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

I will meet the expectations of the Bureau of Motor Vehicles by operating an office that is consistently accurate, compliant, and customer-centered. My focus is on ensuring that every member of the team understands BMV policies and applies them reliably, supported by clear training and accessible guidance. I will maintain strong internal controls—regular reviews, audits, and supervisory oversight—to reinforce accountability and quickly address any issues that arise. This structure helps protect the integrity of every transaction and supports a culture of precision.

Equally important is the customer experience. I want each interaction to reflect the professionalism and standards of the BMV, with service that is respectful, efficient, and grounded in clear communication. Finally, I will stay closely connected with BMV leadership. I'll respond promptly to new directives, raise concerns when needed, and ensure that our office remains aligned with the Bureau's expectations. My goal is to be a dependable partner who represents the BMV with consistency and integrity.

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

The Bureau of Motor Vehicles should consider me for a deputy registrar license agency contract because I bring a long, proven history of dependable performance and strong partnership with the State of Ohio. Since first securing a contract in 2009, I have consistently demonstrated my ability to operate a compliant, accurate, and customer-focused agency. Over the years, I have built teams that understand the importance of precision, professionalism, and public trust, and I have maintained operations that reflect the high standards expected of a BMV office.

My leadership style emphasizes accountability, clear communication, and continuous improvement. I respond quickly to new directives, adapt to policy and technology changes, and maintain an environment where staff are well-trained, supported, and aligned with BMV expectations. I take pride in running an office where customers feel respected and where the work is completed correctly the first time.

This long track record—spanning more than fifteen years—shows that I understand the responsibilities of a deputy registrar and have the operational discipline, experience, and commitment required to continue serving the BMV and the public with excellence.



## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Laine A. Tarter

Location Number 09-C

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>21,034.54</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Laine A. Tarter Location number: 09-C

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

Laine A. Tarter  
Deputy registrar (proposer) signature

Date: 01/19/2026

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Laine A. Tarter Location number: 09-C

(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
Laine Tarter	27
Karen Robertson	35
Teresa Spahn	16
Heather Brumfield	11
Missy Long	6

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

Laine A Tarter  
Deputy registrar (proposer) signature

Date: 01/19/2026

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Laine A. Tarter Location number: 09-C

**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	36.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)				
Assistant Office Manager	36.00	\$ 24.00	\$ 864.00	\$ 3,456.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>11</u>	170.00	\$ 14.00	\$ 2,380.00	\$ 9,520.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u>	0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTALS</b>	<b>242.00</b>	<b>N/A</b>	<b>\$ 3,244.00</b>	<b>\$ 12,976.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Laine A. Tarter Location number: 09-C

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.

\$ 12,976.00

### 2. SITE PREPARATION COSTS (AMORTIZED)

A. If this is a Deputy Provided Site, calculate and enter the actual projected costs you will need to spend to prepare the building for use as a deputy registrar agency in each of the following categories:

1. Building Modifications	\$ _____
2. Counter Costs	\$ _____
3. Other Costs	\$ _____
4. Total	\$ _____

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

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

\$ \_\_\_\_\_

### 3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

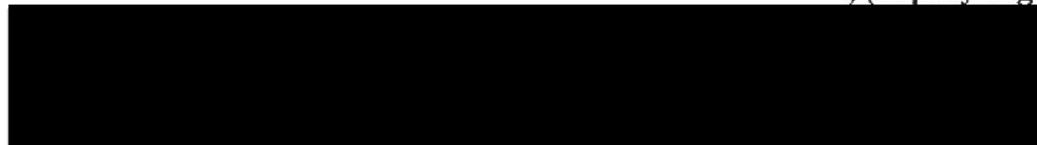
One month's rent: \$ 2,686.18 x 3 = \$ 8,058.54

### 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] \$ 21,034.54

**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 Laine A. Tarter, (deputy registrar, herein) whose



\_\_\_\_\_ to operate a deputy registrar agency, Location No. 09-C, to be located as follows: in the

State of Ohio, County of Butler

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

Street address: 530 Wessel Drive Suite L

(City) Fairfield, Ohio (Zip) 45014

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 28<sup>th</sup> day of **June, 2026**, and shall end on the 28<sup>th</sup> 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"]:  
an 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.

Laine A. Tarter  
Deputy Registrar signature

01/19/2026

Date

STATE OF OHIO :  
: COUNTY OF Butler :

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

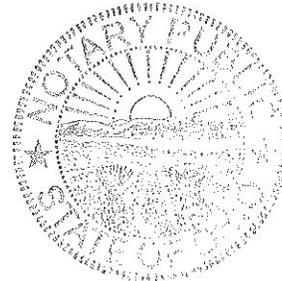
IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 27 day of Jan, 2026.

Heather Griffin Brumfield  
NOTARY PUBLIC

Printed name of Notary Public: Heather Griffin Brumfield

My commission Expires: 2-27-29

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



HEATHER GRIFFIN BRUMFIELD  
Notary Public  
State of Ohio  
Commission Exp. February 27, 2029

BY: \_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on  
\_\_\_\_\_