

# PAYROLL COMPARISON – 2026

**Proposer Name: Marsha Imhoff**

Evaluator Printed Name: Michael Farrell

|                             | 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> |
|                             | 44-B               |               |               |               |               |               |
| Highest Rate                | \$15.50/hr         |               |               |               |               |               |
| Lowest Rate                 | \$13.50/hr         |               |               |               |               |               |
| Number of Hours Recommended | 107                |               |               |               |               |               |
| Number of Hours Proposed    | 174                |               |               |               |               |               |
| Total Monthly Wages         | \$8,344            |               |               |               |               |               |

Comments:

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# PERSONAL EVALUATION (2026)

Marsha Imhoff  
44-B / 26031  
Lawrence County, Proctorville  
402 Trent St.

Evaluation Team Number: \_\_\_\_\_  
Location(s) Proposed: (#1) 44-B \_\_\_\_\_  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  
**Verify** Proposer's Full Name: (#2) Marsha Imhoff  
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>3/2/26</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)<br>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: Procter ville 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: 30

From (date): 08/2012 To (date): 03/2026 Length: 13.7

Verified Hours 30 = Factor 1 x Years 13.7 x Points 50 = 685

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>Proctor License Agency</i> | #     | NA | =      | 1.0 | x     | 13.7 | x      | 50 | =     | 685      | ✓ |
| 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> |                               |       |    |        |     |       |      |        |    | 685   |          |   |

### 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? | 2  | 0 |
| 19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)  |    |   |
| A. Are funds in acceptable financial institution and verified with bank/teller stamp?  | 5  | * |
| B. Are funds in proposer's or proposer's business name or joint with spouse?   | 5  | * |
| 20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)  |    |   |
| Did proposer mark "NO" for every category, every year?<br>(For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)   | 5  | * |
| 21. Form 3.6 – Personnel Policy Summary  |    |   |
| Does proposer agree to provide/maintain a written personnel policy covering the following:   |    |   |
| A. Hiring employees with deputy registrar agency experience?   | 11 | 0 |
| B. Equal Employment Opportunity?   |    |   |
| C. Employee training by the deputy registrar?  |    |   |
| D. Participation in BMV provided training?   |    |   |
| E. Evaluation of employee performance?   |    |   |
| F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?  |    |   |
| G. Progressive disciplinary steps?   |    |   |
| H. Dress code with list of acceptable attire?  |    |   |
| I. Dress code with list of unacceptable attire?  |    |   |
| J. A policy for maintaining the professional appearance of all staff at all times?   |    |   |
| K. Fringe benefits (beyond those required by law or contract)?   |    |   |

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

28

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

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

## PERSONAL EVALUATION

OK | NO

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL EVALUATION**

**OK | NO**

|   |   |   |
|---|---|---|
| <b>24. Form 3.9 – Involved and Invested in Your Business</b>  |   |   |
| 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 |
| <b>25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation</b>  |   |   |
| 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 | * |
| <b>26. Local Law Enforcement Report / Articles of Incorporation (AOI)</b>   |   |   |
| A. No disqualifying convictions for individual / AOI for nonprofit corporation?   | 3 | * |
| B. No convictions (except minor traffic) / AOI for nonprofit corporation?   | 2 | 0 |
| <b>27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation</b>  |   |   |
| No disqualifying convictions for individual / AOI for nonprofit corporation?  | 5 | * |

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



# OPERATIONAL EVALUATION (2026)

Marsha Imhoff  
44-B / 26031  
Lawrence County, Proctorville  
402 Trent St.

| FORM | DESCRIPTION  | OK | NO |
|------|--|----|----|
| 4.0  | <b>Operational Checklist</b> – Maximum = 6 Points<br>(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<br>Proposed Work Hours Per Week <u>26</u>    | 5  | *  |
|      | B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement                             | 3  | 0  |
| 4.2  | <b>Experienced Employees Summary</b>   |    |    |
|      | Gave Acceptable Statement <b>OR</b> Provided Names   | 2  | 0  |
| 4.3  | <b>Staffing and Personnel Calculation</b>  |    |    |
|      | A. Hours Recommended: <u>107</u> Proposed: <u>174</u>  | 4  | *  |
|      | B. Work Hours and Pay Calculated Correctly   | 2  | 0  |
|      | C. Meets Minimum Wage Requirement<br>(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>11,944</u> On Deposit (Form 3.4): \$ <u>25,000</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) 40

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

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

|     | Evaluators' signatures | Printed names          | Date          |
|-----|------------------------|------------------------|---------------|
| (1) | <u>Michael Farrell</u> | <u>Michael Farrell</u> | <u>3/2/26</u> |
| (2) | _____                  | _____                  | _____         |

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Marsha L. Imhoff

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.

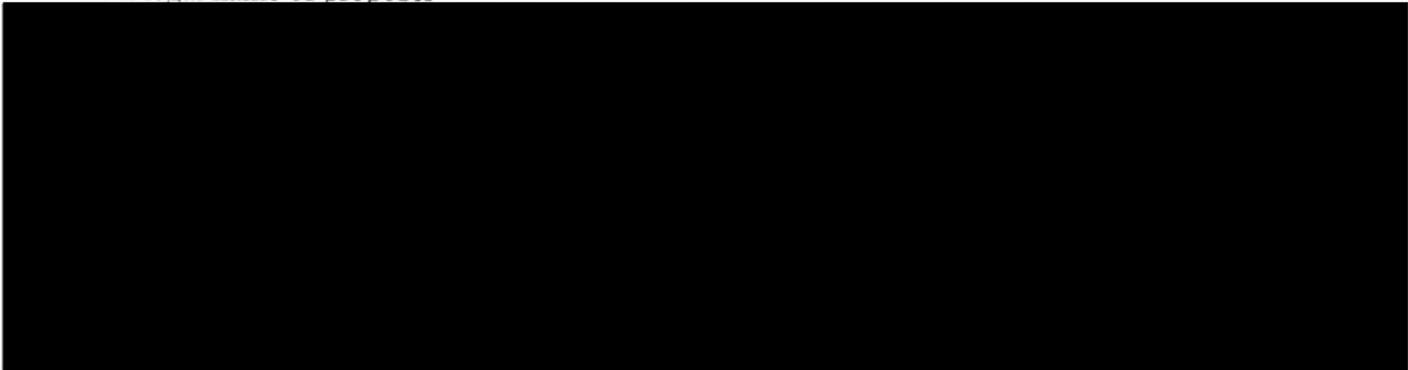
| INDIVIDUAL  | ✓ BMV |   | COUNTY AUDITOR OR CLERK OF COURTS                          | ✓ BMV |   | NONPROFIT CORPORATION   | ✓ BMV |   |
|---|-------|---|--|-------|---|---|-------|---|
| Form 3.0 Personal Checklist (this form)           | ✓     |   | Form 3.0 Personal Checklist (this form)                    |       |   | 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

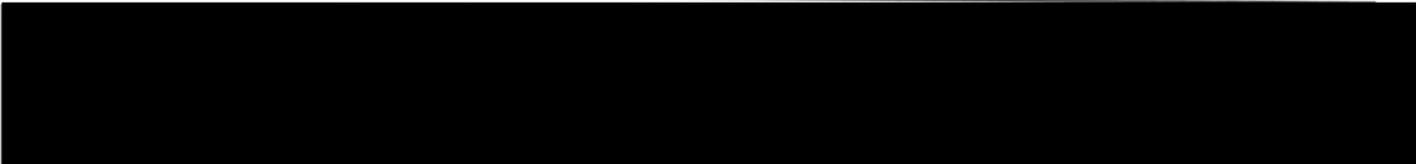
1. List all location numbers for which the applicant intends to submit a proposal (limit six locations).  
Check the box underneath if proposing the location as a second site in addition to a current agency:

44-B      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

2. Full legal name of proposer Marsha L. Imhoff



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



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 Fairland High School

City Proctorville State OH Zip 45669

College name Marshall University Community College

City Huntington State WV Zip 25701

Major Business Degree awarded Certificate

College name Wayne Co. Vocational & Tech. School

City Huntington State WV Zip 25704

Major Business Degree awarded Certificate

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

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



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

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

**Instructions**

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

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

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

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

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

## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Marsha L. Imhoff Company name Proctorville License Agency  
Company address 402 Trent Street City Proctorville  
State OH Zip 45669 Telephone ( 740 ) 886-7202  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Ohio DL/ID's, driving abstract, vehicle registrations, reinstatements, out of state vehicle inspections, salvage inspections, disability placards, vehicle title apps., notary,

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 30
3. Dates you operated this business: From: month 08 year 2012 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? 6
8. Have you ever developed a comprehensive business plan? No        Yes ✓

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

| Name       | City       | State      | Zip        | Daytime Phone |
|------------|------------|------------|------------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED]    |

## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Marsha L. Imhoff Company name Ironton License Agency  
 Company address 2717 So. 3rd Street City Ironton  
 State Ohio Zip 45638 Telephone ( 740 ) 533-3656  
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Ohio DL/ID's Temp. Permits, VR's, Reinstatements, Out of State Veh.Inspections. salvage receipts, disability placards, notary, BCI/FBI background checks.

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 36
  3. Dates you operated this business: From: month 06 year 20 To: month 09 year 2021
  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 |
|------------|------|-------|-----|---------------|
| [REDACTED] |      |       |     |               |

## FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Marsha L. Imhoff1997 Company name One Source Industrial Supply Co.  
 Company address 73 Private Dr. 218 City Proctorville  
 State Ohio Zip 45669 Telephone ( 740 ) 886-1061  
 Type of business (deputy registrar, retail grocery, etc.) retail & distributor

Company's products and/or services Safety, janitorial, marine supplies, marine equipment  
road & traffic signs and control products

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 20
  3. Dates you operated this business: From: month 08 year 1997 To: month 02 year 2012
  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. 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 Marsha L. Imhoff Company name Dolin Supply Company

Company address 215 Hal Greer Blvd. City Huntington

State WV Zip 25701 Telephone ( 740 ) N/A

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

Management/supervisory duties Open and Close Branch office, maintain inventory levels, manage customer blank contracts, employee time sheets, customer service for call-in and walk-in orders, built customer base

MANAGER OR SUPERVISOR - Job title: Branch Manager for Ashland, KY location

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

2. Dates this position was held: From: month 03 year 1991 To: month 01 year 1994

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? 2

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 Marsha L. Imhoff Company name Logan Corporation

Company address 3000 Sissonville Dr. City Charleston

State WV Zip 25332 Telephone ( 304 ) 526-4700

Type of business (deputy registrar, retail grocery, etc.) Industrial Supplier of mining, construction, chemical, steel and electrical power manufacturers

EMPLOYEE - Job title: Sales Representative

Hours worked weekly 40 Job duties Build customer base, process & manage customer orders and contracts, develop sales and inventory spreadsheets, research products and cost, introduce and demonstrate new products, maintain adequate inventory levels.

Dates of this employment: From: month 03 year 1994 To: month 05 year 1996

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

Met with customers to review and manage their inventory needs. Researched new and better products to demonstrate to customers for more efficiency of customers jobs.

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):

Always greet customers with a friendly welcome.  
Assist them to a vacant clerk or to QFlow.  
Make the customer's visit one that is friendly, knowledgeable, personable and helpful with an attitude of appreciation for their business.  
Treat every customer with the utmost respect. Disrespect and rudeness is not tolerated.  
After customer has signed into QFlow we review their documents to make sure they have what is needed to complete their transaction.  
Schedule extra staff for busy seasons and times.  
Process customer's transactions in an efficient manner and always thank customer and give appreciation for their business.  
I offer the sale of convenience items such as license plate frames, bolts & nuts, temporary tag covers, lamination or folder for vehicle registration,  
Assist disabled or elderly with placement of VR sticker and/or go to the vehicle for customer to sign if unable to get in the agency.  
We're in a highly populated senior community. We always assist disabled and elderly extra for ease of mobility in and out of the agency. If they are unsteady with their mobility we allow them to stay seated while we process the transaction. We also give more detailed instructions regarding their transactions if needed.  
With the cooperation of our local Clerk of Courts we offer title service for those who cannot make it to the title department.  
ATM for customer convenience.

## 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: Marsha L. Imhoff

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<br>2023 |    | JAN 1 - DEC 31<br>2024 |    | JAN 1 - DEC 31<br>2025 |    | 2026<br>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 work in the agency on a daily basis processing reports, transactions, and daily tasks, . If I am not in the office I am in contact with the OM or AOM to ensure that the daily task and reports are processed and on time. I oversee and process daily and monthly reports, review transactions are processed correctly. I process the daily deposit on time or make sure the OM has done it on time. I schedule adequate staff and if needed I work a terminal to process customer's transactions. I process and pay all taxes, rent, utilities and payroll. I order all office supplies and make sure any needed repairs are done in a timely manner.

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 hire BMV experienced staff when possible. I review all new and/or changes, procedures, laws rules and transactions with employees as soon as I'm made aware of them. I observe and review VR. DL/ID transactions for accuracy. If I find an error being made I review with the processing clerk until they understand what caused the error and how not to make that mistake again. I train and encourage proper and daily use of all BMV manuals. as well as transactions, and broadcasts. I often have staff meeting to review new updates, changes, laws and procedures as well as review the current procedures and laws.

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

Security cameras function 24-7. I require all employees to be familiar with fraudulent detection devices and manual. All employees are required to attend any and all fraudulent document training offered by the BMV and in office training, All cash tills are counted and balanced before and after each shift. I perform random cash till balances without notice. My OM, AOM or myself are observing clerks transactions throughout the work day.

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?

All employees are required to read and understand all revisions immediately and initial the broadcast or email showing they have read and understand any revised or new changes , If the broadcast is not understood by a staff member I discuss with them individually or collectively as needed to clarify the new or revised procedure, laws/rules or transaction. We have all broadcast or emails visible and available for all employees to review and discuss. I schedule staff meeting to discuss detailed and/or complicated changes and to familiarize all staff until we get a good understanding of the broadcast/email. I do this after office hours so there are no interruptions to distract us from learning and comprehend the changes or revisions. Myself & OM are regularly monitoring clerks to assure the changes are being processed correctly.

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

I lead by example. I am fair and treat each employee equally with respect and gratitude. When I make an error I take responsibility for it and try to use it as a training tool. When an employee solves a problem or issue or makes me aware of a needed change I recognize them for it and share my appreciation. I give credit where credit is due. I don't ask employees to do a task or job that I won't do myself.

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

All employees are required to treat customers and co-workers with respect. Prejudices of any kind is not tolerated. I strongly discourage office gossip and strife. I encourage loyalty and team work. I set a standard for myself of professional dress and personal conduct and I expect the same from my employees. If I hear or see or am made aware of an inappropriate or unprofessional act, I will ask employee to my office to discuss how I expect it to change. I do not tolerate profanity and vulgar speech.

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

I seek BMV trained or proven experienced customer service employee. I am always networking and watching for trained, high quality employees. I contact our local university or career center for referrals. I belong to a local "business organization" where we share ideas for all business practices including hiring potential employees. To retain good employees I offer fair wages and compensate them for good performances with monetary bonuses, extra paid time off, and commission on the sell of non BMV items. When we receive good evaluations I invite all staff to a dinner at a nice restaurant as a reward..

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

I have a daily task chart that each employee and myself is responsible for, such as: vacuuming, dusting, sanitizing all counters, seats and equipment, picking up garbage left inside or outside, taking out the garbage and cleaning the restrooms. Any needed repairs are addressed immediately. Nothing will be permitted to obstruct the path of customers or employees. We greet all customers as they enter the agency and thank them for their business before they leave. I have seasonal decorations in the agency for a welcoming and friendly atmosphere.

9. How would you deal with an irate customer?

I try to diffuse the situation by remaining calm, listen to their complaint, be sympathetic and understanding of their frustrations and give them my full attention. I assure them I will make every effort possible to help resolve their problem. I review their transactions or documents to give them a better understanding of what is necessary for their transaction. If I am unable to resolve their problem I will give them possible solutions or agencies to contact. I may depending on the situation, contact the agency myself to better explain for them. I assure them we try everything legally possible to help them with their BMV transactions.

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

I instruct them to remain calm, polite and sympathetic and to not allow the customer's anger or frustration to cause them to react in a negative or angry way. I instruct them to assure the customer that we will do everything allowable to resolve their problem. The employee is instructed to call for me, the OM or AOM to intervene. I explain to them that a customer's frustration is sometimes valid because of the complexity of some transactions and if we remain calm and understanding it usually helps the customer to calm themselves so we can proceed with their needs.

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

I stay fully engaged with my business and agency. I am in the agency 4 - 5 days a week, and usually 6 plus hour per day.  
I personally handle all administrative duties, employee issues, and business requirements for my agency.  
I love helping people and being able to help solve their problems.  
I require my employees to be knowledgeable and willing to offer accurate, efficient and friendly service. I take all training offered by the BMV and require my employees to do so as well. I seek extra training from field staff on transaction, issues, laws or rules that I feel we need extra help with.  
I maintain all records, reports, inventory and files in an orderly and timely manner.  
I willingly following all rules, laws, procedures and policies required by the BMV.  
I am fully accountable for all the BMV has entrusted me with .

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

I have a proven record of over 13 year experience operating a BMV agency that is successful, productive, efficient and friendly.  
I was awarded a contract to operate a second BMV agency which attest to my ability and trust the BMV has in me as a successful Deputy Registrar. After leaving that 2nd agency I was asked again by the BMV to take it back.  
I receive regular favorable compliments and comments by our customers on how appreciative they are for our extended help and friendly attitudes.  
I am a life long resident of Lawrence County and know many people through various organizations, churches and my community involvement. I have a reputation as a successful business owner and I take great pride in offering the services the OH BMV has entrusted me with.  
I have three employees that have been with me from my beginning of over 13 years as a Deputy Registrar and other employees that have been with me for 4 to 8 years. I believe that show my loyalty, fairness and ability to operate a successful business and Agency with a proven and capable staff..  
I take my contract with the BMV as a legal binding agreement very serious and abide by that contract to the best of my ability.

**3.10(A) AFFIDAVIT OF INDIVIDUAL**

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

County of Lawrence     ✚:

State of Ohio                     :

I, Marsha L. Imhoff, 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: *Marsha L. Imhoff*  
 Printed/typed name of proposer: Marsha L. Imhoff

Sworn to and subscribed in my presence by the above named Marsha L. Imhoff  
 on this 23<sup>rd</sup> day of January, 2026

*Teresa Sanders*  
 Notary Public

Printed name of Notary Public: Teresa Sanders

My commission expires: Jan. 4 2027



TERESA SANDERS  
 Notary Public  
 State of Ohio  
 My Comm. Expires  
 January 4, 2027

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Marsha L. Imhoff

Location Number 44-B

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>11,944.00</u> | ✓ |     |
| 4.5  | Deputy Registrar Contract (2 pages only)               | ✓ |     |
|      |  |   |     |

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Marsha L. Imhoff Location number: 44-B

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

Marsha Imhoff  
Deputy registrar (proposer) signature

Date: 1/23/2026

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Marsha L. Imhoff Location number: 44-B

(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 |
|------------------------------|----------------------|
| Teresa Sanders               | 22 years             |
| Carolyn Barry                | 26 years             |
| Patricia Boggs               | 13 years             |
| Christopher Thompson         | 7.5 years            |
| Haley Jenkins                | 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.

Marsha Imhoff  
Deputy registrar (proposer) signature

Date: 1/23/2026

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Marsha L. Imhoff Location number: 44-B

**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<br>(weekly x 4) |
|---|--------------------------|-----------------------|----------------------|---------------------------------------|
| Deputy Registrar  | 26.00                    | N/A                   | N/A                  | N/A                                   |
| Office Manager<br><small>(leave blank if the Deputy Registrar is also the Office Manager)</small> | 36.00                    | \$ 15.50              | \$ 558.00            | \$ 2,232.00                           |
| Assistant Office Manager  | 32.00                    | \$ 14.00              | \$ 448.00            | \$ 1,792.00                           |
| Experienced Employees<br>Total Number (combine Full-time & Part-time) = <u>5</u>                  | 80.00                    | \$ 13.50              | \$ 1,080.00          | \$ 4,320.00                           |
| New Hire Employees<br>Total Number (combine Full-time & Part-time) = _____                        |                          |                       |                      |                                       |
| <b>TOTALS</b>   | <b>174.00</b>            | <b>N/A</b>            | <b>\$ 2,086.00</b>   | <b>\$ 8,344.00</b>                    |

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Marsha L. Imhoff Location number: 44-B

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.

\$ 8,344.00

### 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                  | \$ <u>0.00</u> |

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: \$ 1,200.00 x 3 = \$ 3,600.00

### 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]

\$ 11,944.00

**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 Marsha L. Imhoff, (deputy registrar, herein) whose



to operate a deputy

registrar agency, Location No. 44-B, to be located as follows: in the

State of Ohio, County of Lawrence

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

Street address: 402 Trent Street

(City) Proctorville, Ohio (Zip) 45669

**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.

Marsha Imhoff  
Deputy Registrar signature

1/23/2026  
Date

STATE OF OHIO :  
:  
COUNTY OF Lawrence :

Before me, a notary public in and for said county and state, personally appeared the above named Marsha Imhoff, 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 23<sup>rd</sup> day of January, 2026.

Teresa Sanders  
NOTARY PUBLIC

Printed name of Notary Public: Teresa Sanders

My commission Expires: Jan 4 2027

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



TERESA SANDERS  
Notary Public  
State of Ohio  
My Comm. Expires  
January 4, 2027

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

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

## 5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Marsha L. Imhoff

Location Number 44-B

Proposed Site Address 402 Trent St. Proctorville, OH 45669

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<br>(page 1 only if proposing existing license agency site)                                | ✓ |     |
| 5.2               | ADA Checklist<br>(leave blank if proposing existing license agency site)                                     |   |     |
| 5.3               | Lease Option<br>(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]<br>(leave blank if proposing existing license agency site) |   |     |
| Proposer provided | Site Plan<br>(leave blank if proposing existing license agency site)   |   |     |
|                   | – with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)  |   |     |
|                   | – with complete dimensions   |   |     |
| Proposer provided | Counter Plan<br>(leave blank if proposing existing license agency site)                                      |   |     |
|                   | – with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)  |   |     |
|                   | – with complete dimensions   |   |     |
| Proposer provided | Map<br>(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): 44-B  
Street address of site 402 Trent St.  
City Proctorville, Ohio, Zip Code 45669
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) Kit Carson's Inc.

\_\_\_\_\_ ,  
of (owners' complete address) [REDACTED]

City Proctorville , State OH , Zip 45669

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 Lawrence

Village of Proctorville and commonly known as:

(property's address) 402 Trent Street

Suite \_\_\_\_\_ City Proctorville , Ohio, Zip 45669

to (proposer's name) Marsha L. Imhoff

[REDACTED]

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 28<sup>th</sup> day of June, 2026 and shall not terminate before the 28<sup>th</sup> 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 31<sup>st</sup> 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): Debra L. Wise

Owner(s)' printed name(s): Debra L. Wise

STATE OF Ohio :

COUNTY OF Lawrence :

The foregoing instrument was acknowledged before me on this 12<sup>th</sup> day of January, 2026, by the owners, Debra L. Wise

Teresa Sanders  
Notary Public

Printed name of Notary Public: Teresa Sanders

My commission expires on January 4 2027

I hereby accept this option.



1/12/2026  
Date

Marsha Insuff  
Optionee signature, Deputy Registrar Proposer