PAYROLL COMPARISON – 2026

Proposer Name: Sidney Lynne Huling

Evaluator Printed Name: Robert A. Fraycale

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	Loc. 1 B-C	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
Highest Rate	$38					
Lowest Rate	$14.50					
Number of Hours Recommended	241					
Number of Hours Proposed	242					
Total Monthly Wages	$18,075					

Comments:

PERSONAL EVALUATION (2026)

Sidney Lynne Huling
13-C / 26052
Clermont County, Milford
BMV Site

Evaluation Team Number: _____

Location(s) Proposed: (#1) 13-C _____ _____ _____ _____ _____

Proposed as 2nd Location _____ _____ _____ _____ _____ _____

Verify Proposer's Full Name: (#2) Sidney L. Huling

Proposer's County of Residence (NPC Operation): [redacted]

Verify Proposer's Driver's License Number: (#6) [redacted]

Proposing as Minority: (#9) Yes ____ No X

Proposing as: (#10) Individual X Clerk of Courts ____ Co. Auditor____ Nonprofit Corp. ____

SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	16
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	55
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	100
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	28
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	17
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	27
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	15
TOTAL POINTS	**(Max. 258 Points):**	258

Comments: _____

	Evaluators' Signatures	Evaluators' Printed Names	Date
(1)	Robert A. Fragale	Robert A. Fragale	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: Milford License Bureau

Relationship: Deputy Registrar

Verified experience as: Deputy Registrar Agency Owner (50) X Other Business Owner (34) _____

Manager or Supervisor (25) _____ Deputy Registrar Employee (23) _____ Other Employee (20) _____

Hours per week: 40+

From (date): 7/2007 To (date): Present Length: 19 years

Verified Hours 40+ **= Factor** 1 **x Years** 19. **x Points** 50 **=** 950

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.	Milford License Bureau	# NA	=	1.0	x	19	x	50	=	950	✓
B.		# NA	=	1.0	x		x	50	=		
C.		# NA	=	1.0	x		x	50	=		
								Subtotal of 13-A, 13-B & 13-C =		950	

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS	=	FACTOR	x	YEARS	x	POINTS	=	SCORE	VERIFIED
A.		#	=		x		x	34	=		
B.		#	=		x		x	34	=		
C.		#	=		x		x	34	=		
								Subtotal of 14-A, 14-B & 14-C =			

15. SUPERVISORY / MANAGEMENT (ANY BUSINESS – INCLUDING DR) Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS	=	FACTOR	x	YEARS	x	POINTS	=	SCORE	VERIFIED
A.		#	=		x		x	25	=		
B.		#	=		x		x	25	=		
C.		#	=		x		x	25	=		
								Subtotal of 15-A, 15-B & 15-C =			

Total DR, Ownership and/or Management #13-15 (Max. 100 Points) = 100

16. DEPUTY REGISTRAR EMPLOYMENT (NON-MANAGEMENT) Experience, Form 3.2

ITEM	AGENCY	HOURS	=	FACTOR	x	YEARS	x	POINTS	=	SCORE	VERIFIED
A.		#	=		x		x	23	=		
B.		#	=		x		x	23	=		
C.		#	=		x		x	23	=		
D.		#	=		x		x	23	=		
								Subtotal of 16-A, 16-B, 16-C & 16-D =			

Total DR Employment Experience #16 (Max. 90 Points) =

17. OTHER EMPLOYMENT Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS	=	FACTOR	x	YEARS	x	POINTS	=	SCORE	VERIFIED
A.		#	=		x		x	20	=		
B.		#	=		x		x	20	=		
C.		#	=		x		x	20	=		
D.		#	=		x		x	20	=		
								Subtotal of Lines 17-A, 17-B, 17-C & 17-D =			

Total Other Employment Experience #17 (Max. 80 Points) =

ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = 100

PERSONAL EVALUATION	OK	NO
18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	2	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	5	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	5	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	5	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?		
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?	11	0
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 **without alteration** and does it **appear to be complete, accurate, and truthful**?	3	*
B. Is it the affidavit duly signed and notarized?	2	*
26. Local Law Enforcement Report / Articles of Incorporation (AOI)		
A. No disqualifying convictions for individual / AOI for nonprofit corporation?	3	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	2	0
27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation		
No disqualifying convictions for individual / AOI for nonprofit corporation?	5	*

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

PERSONAL EVALUATION	OK	NO

28. Credit Report (issued in 2026) / Certificate of Good Standing for Nonprofit Corporation ***Credit Reports are not required for County Auditors and County Clerks of Courts**		
A. Credit report submitted contains credit score?	2	0
B. No tax liens (state or federal)?	3	0
C. No judgments for the past 36 months? *	3	0
D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	2	0
E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	2	0
F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	1	0
* Exclude minor medical judgments and disputed items with good cause explanation.		

29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)	2	0

PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points) 15

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

Comments: _____

OPERATIONAL EVALUATION (2026)

Sidney Lynne Huling
13-C / 26052
Clermont County, Milford
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	**Operational Checklist** – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	**Appointment of Agency Managers**		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week 36	(5)	*
	B. Appointment of Manager and Assistant **OR** Acceptable Statement	(3)	0
4.2	**Experienced Employees Summary**		
	Gave Acceptable Statement **OR** Provided Names	(2)	0
4.3	**Staffing and Personnel Calculation**		
	A. Hours Recommended: 241 Proposed: 242	(4)	*
	B. Work Hours and Pay Calculated Correctly	(2)	0
	C. Meets Minimum Wage Requirement (2026 Ohio Minimum Wage Rate = $7.25 or $11.00 Per Hour)	(1)	*
4.4	**Start-Up Costs Calculation**		
	A. Adequate and Accurate Personnel Costs	(3)	0
	B. Adequate and Accurate Site Preparation Costs	(2)	0
	C. Adequate and Accurate Rental Payments	(2)	0
	D. Total Required: $22,964.40 On Deposit (Form 3.4): $143,211.77	(5)	*
4.5	**Deputy Registrar Contract**		
	A. Filled Out Completely and Properly	(2)	0
	B. Signed and Properly Notarized	(3)	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments: _____

Evaluators' signatures	Printed names	Date
(1) Robert A. Fragale	Robert A. Fragale	2/26/26
(2)		

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Sidney Lynne Huling

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:

13-C _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

2. Full legal name of proposer Sidney Lynne Huling

[redacted]

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

[redacted]

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 N/A County;

____ The **County Auditor** of N/A 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? N/A

C. If YES, date that you plan to leave this office? N/A

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? N/A

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

B. If YES, on what date does your contract expire? June 30, 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? N/A

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
N/A		Yes	No	
N/A		Yes	No	
N/A		Yes	No	
N/A		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
N/A		Yes ____ No____
N/A		Yes ____ No____
N/A		Yes ____ No____
N/A		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
N/A		
N/A		
N/A		
N/A		
N/A		

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 Amelia High School-West Clermont Local SD

City Batavia State Ohio Zip 45103

College name University of Cincinnati College of Pharmacy

City Cincinnati State Ohio Zip 45221

Major Pharmacy 5 year degree Degree awarded 1967,5year Science & R.Ph.

College name Cincinnati State Technical College, in Computer Science

City Cincinnati State Ohio Zip 45223

Major UNIX Administration Degree awarded UNIX System Administrator

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.

During my professional career I have used the following specific programs to assist me with financial, business, management, accounting, & Email purposes. MS Money, Quicken, Quickbooks, MS Word,MS Excel,MS Access, MS works, MS Powerpoints MS Outlook & outlook express, Thunderbird,Lotus,Mailmerge and others. Became fairly proficient in most of these. From July 1985 until October 1995 I was VP over the Pharmacy Division General Computer Comrporation sold to Mede Amer and then to Web MD).I was in charge of hardware installation, software loading & our customer helpdesk, database loading of Doctors, drugs, interaction base, drug prices and store pricing algorithms, as well as the on-site pharmacy installation trainers for all our new pharmacy customers.Basically once a pharmacy bought our software it was up to me to get them up and running proficiently. I handled everything from Maine to Hawaii. We went on-site to install then serviced all the REVCOs,K&B chain (largest in US),LaVerdiere chain(2nd largest in US),numerous Medicine Shoppe locations,Un Cincinnati Hospital,Un Michigan Hospital, Stanford Un. Hospital, City of Faith Hospital, Oral Roberts Un. Hospital, & Parkland Hospital, plus many local independent pharmacies around the country.After the company was bought out by a NY Investing Conglomerate I found my values didn't match theirs so I retired.After a year my wife and I decided I needed to find something to do. I had really enjoyed my time as a small local pharmacy owner.Selling VR stickers VS aspirin is managing staff & running independent business (but with better hours). I had done RFP's previously so I started my new adventure as a BMV DR in 1997 & I love working with the people still. I used BASS for 29 years now and still use Quickbooks, Open Office Word & Open Office Spreadsheets as a BMV DR. currently.

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

List any special instructions for contacting this person during business hours:
His office number number is 5137539966 or leave message BMV & number to call back.

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 Sidney L. Huling Company name Fizgerald & Huling Pharmacy Inc

Company address 110 East Plane Street City Bethel

State Ohio Zip 45106 Telephone ( ) 5137347335

Type of business (deputy registrar, retail grocery, etc.) 4 Retail Pharmacies in Bethel,Georgetown, Mt. Carmel,& Williamsburg Ohio plus a regular and unit dose nursing home pharmacy serving 6+ homes

Company's products and/or services Multiple independant community retail pharmacies serving their local towns & nursing homes surrounding those towns. We also delivery service in our area.

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): C corporation (50%owner)

1. Federal Tax ID Number: [redacted]
2. Percentage of business you owned: 50 % Hours worked weekly 64
3. Dates you operated this business: From: month July year 1967 To: month July year 1996
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? 42
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 Sidney L. Huling Company name Fitzgerald & Huling Enterprises

Company address 100 East Plane Street City Bethel

State Ohio Zip 45106 Telephone ( ) 513-734-7335

Type of business (deputy registrar, retail grocery, etc.) rental commercial buildings & other property management and rental

Company's products and/or services rental commercial buildings and other properties management and rental

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

1. Federal Tax ID Number [redacted]
2. Percentage of business you owned: 50 % Hours worked weekly 2+
3. Dates you operated this business: From: month July year 1967 To: month June year 2026
4. Is/was this business profitable? No ____ Yes X
5. Is/was this business your primary source of income and support? No X Yes ____
6. Do/did you directly hire, evaluate, train, and discipline employees? No ____ Yes X
7. Do/did you directly manage employees on a daily basis? No X Yes ____

   If you answered yes to question number 6, how many employees do/did you manage? 1
8. Have you ever developed a comprehensive business plan? No ____ Yes X

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 Sidney L. Huling Company name Turnaround Inc.

Company address 100 East Plane Street City Bethel

State Ohio Zip 45106 Telephone ( ) 513-734-7100

Type of business (deputy registrar, retail grocery, etc.) Nationwide pharmacy computer training, data loading, software support, updates,support call center,hardware support & on-site startup installations

Company's products and/or services General Computer NEC Astra Pharmacy computer installs nationwaide & monthly updating of drug interactions with wholesale drug costs for pricing calculations

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

1. Federal Tax ID Number: [redacted]
2. Percentage of business you owned: 50 % Hours worked weekly 65
3. Dates you operated this business: From: month July year 1967 To: month Oct year 1995
4. Is/was this business profitable? No ____ Yes X
5. Is/was this business your primary source of income and support? No ____ Yes X
6. Do/did you directly hire, evaluate, train, and discipline employees? No ____ Yes X
7. Do/did you directly manage employees on a daily basis? No ____ Yes X

   If you answered yes to question number 6, how many employees do/did you manage? 53
8. Have you ever developed a comprehensive business plan? No ____ Yes X

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 Sidney L. Huling Company name Thomas & Huling Welding

Company address 933 South Main Street City Georgetown

State Ohio Zip 45121 Telephone ( ) 937-378-6300

Type of business (deputy registrar, retail grocery, etc.) Agricultural & Commercial welding shop doing custom fabricating with off site mobile truck for farm repairs. Metal,TIG, and aluminum welding

Company's products and/or services land levelers,fire trucck tanks,fertilizer spreading equipment and Amm metal,TIG, & aluminum custom welding or repair work & specialized Plasma cutting projects

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

1. Federal Tax ID Number: [redacted]
2. Percentage of business you owned: 90 % Hours worked weekly 3
3. Dates you operated this business: From: month May year 1990 To: month Sept. year 1996
4. Is/was this business profitable? No ____ Yes X
5. Is/was this business your primary source of income and support? No X Yes ____
6. Do/did you directly hire, evaluate, train, and discipline employees? No ____ Yes X
7. Do/did you directly manage employees on a daily basis? No X Yes ____

   If you answered yes to question number 6, how many employees do/did you manage? 4
8. Have you ever developed a comprehensive business plan? No ____ Yes X

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 Sidney L. Hiling Company name Milford License Bureau

Company address 1007 Lila Avenue City Milford

State Ohio Zip 45150 Telephone ( ) 513-248-0500

Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar for service to Ohio citizens

Company's products and/or services Drivers Licenses, Vehicle Registrations, State ID's, Tempoary Permits, Reinstatement, voter registrations, notary, fingerprinting, CDL licenses, Vehicle Inspectons,etc.

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 50+
3. Dates you operated this business: From: month July year 1997 To: month June year 2026
4. Is/was this business profitable? No _____ Yes X
5. Is/was this business your primary source of income and support? No _____ Yes X
6. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes X
7. Do/did you directly manage employees on a daily basis? No _____ Yes X

   If you answered yes to question number 6, how many employees do/did you manage? 10 to 12
8. Have you ever developed a comprehensive business plan? No _____ Yes X

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 Sidney L. Huling Company name Action Affiliates Inc. dba Milford License Bureau

Company address 1007 Lila Avenue City Milford

State Ohio Zip 45150 Telephone ( ) 513-248-0500

Type of business (deputy registrar, retail grocery, etc.) Provide service and staffing for the public at the Milford License Bureau and also provide maintance plus other services for DR Sidney L. Huling

Company's products and/or services license plates, registrations,Drivers licenses,State ID's,CDL's, Out of state vehicle inspections,electronic fingerprinting, and other related services.

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 50.5
3. Dates you operated this business: From: month July year 1997 To: month current year
4. Is/was this business profitable? No ____ Yes X
5. Is/was this business your primary source of income and support? No X Yes ____
6. Do/did you directly hire, evaluate, train, and discipline employees? No ____ Yes X
7. Do/did you directly manage employees on a daily basis? No ____ Yes X

   If you answered yes to question number 6, how many employees do/did you manage? 10 to 15
8. Have you ever developed a comprehensive business plan? No ____ Yes X

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

Name	City	State	Zip	Daytime Phone
[redacted]				

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

Instructions. Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. ***Please make additional copies of this form as necessary.***

Proposer's name Sidney L. Huling Company name Geneal Computer Corp& ,Mede Amer& WEB MD

Company address 214 W Plane St City Bethel

State Ohio Zip 45106 Telephone ( ) 513-734-7100

Type of business (deputy registrar, retail grocery, etc.) We created and sold hardware and software for operating Pharmacies in the USA. I managed all hardware, software, installation, training and help desk support.

Management/supervisory duties I managed and was in charge of all Hardware builds and on-going maintenance, software support Help Desk, database building for Doctors, drugs,interactions, pricing athrogisms and pricing updates

MANAGER OR SUPERVISOR - Job title: VP Pharmacy Computer Systems GCC & Mede.Amer & Web MD

1. Title of position Vice President Pharmacy Computer Systems Hours worked weekly? 50+
2. Dates this position was held: From: month July year 1979 To: month May 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? 52
5. Have you ever developed a comprehensive business plan? No _____ Yes ✓

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

Name	City	State	Zip	Daytime Phone
[redacted]				

3.3 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):

I will always have our staff smile and pleasantly greet our incoming customers. If our staff has no customer at the time then we will invite the customer to step on over to be served without the need to sign into the Q-Flow ipad in front. (We will DIRECT ADMIT the customers when no line exists). I will during busier times be employing staff to greet customers at the door and see if we can help them to get signed into Q-Flow. Then to understand what they are here to do and assist with any items needed. For example checking what documents will be needed, start them with any forms they will need, do any eye tests they may need, etc.
We will especially watch for handicap, seniors, out of state, or younger first time visitors that may have questions for their clarification on the process or where they may need help that we can aid them with. We will continue to have print outs to give our customers with phone #'s, addresses, and other information our customers may need. Liké for Vital Statistics, Social Security offices, Probate Courts, etc. as a help for them if they have to go find/get documents. We will also explain how GILO works for a different business day or how being marked absent puts you at top of line for same day returns. We also purchased large envelopes and put together a packet of forms relating to our TIPIC customers to help them as they work to get their drivers license.Excellent service requires sufficient and quality staffing. To address this I will continue to staff my agency using more hours and more pay than what my proposal calls for. What my proposal lists is the minimum I am committing to providing in my agency. Therefore if you look at my history you will see I have always in the past exceeded the hours and the salaries I have made in my proposals. I will be sure customers are always informed about the surveys on their receipts. Then I will monitor the responses we get in order to help us find our shortcomings that need to be addressed. Next we will adjust our training so we improve our actions and thus improve our service to all our customers. Recognizing that no one person has all the good ideas and because I want any ideas that do work well, therefore I will visit other agencies to actually see how they function & look for any ideas I can use to improve my agency & that will help my customers. I especially want to find any new technologies to help us improve & serve our customers better.

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: Sidney Lynne Huling

Title (if officer of nonprofit corporation): _____

(A nonprofit corporation must submit two separate reports: one for the nonprofit corporation itself, and one for its chief executive officer)

Did you and your immediate family together give more than $100.00 to any of the following during any one of the years listed? You must place a check mark "✓" in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT	JAN 1 - DEC 31 2023		JAN 1 - DEC 31 2024		JAN 1 - DEC 31 2025		2026 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

3.6 PERSONNEL POLICY

A comprehensive personnel policy must be readily available and presented upon request. Items needing covered within the agency's comprehensive personnel policy are listed below.

Do you agree to provide a comprehensive personnel policy, if requested, that covers the listed items?

No_____ Yes✓____

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM)
LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL
PROGRESSIVE DISCIPLINARY ACTION
DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE
POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE
FRINGE BENEFITS

3.7 SECURITY PLAN SUMMARY

If you are awarded a contract, you will be required to adopt a security plan to assure that agency employees, patrons, other citizens, equipment, and consigned inventory will be protected from harm (your plan should detail how you intend to address the items listed below).

If you are awarded a contract, do you agree to provide all of the following? Yes ✓ No_____

ELECTRONIC ALARM SYSTEM
ALARM SYSTEM MONITORED 24 HOURS, OFF-SITE
ALARM SYSTEM REPORTS OFF-SITE IF WIRES ARE CUT OR TAMPERED
ADEQUATE ALARM MONITORED PANIC/HOLD BUTTONS
MOTION DETECTORS CONNECTED TO ALARM SYSTEM
ALARM MONITORED DOOR CONTACT ON ALL EXTERIOR DOORS
ALARM MONITORED CONTACTS ON ALL EXTERIOR WINDOWS
VIDEO RECORDING CAMERA SURVEILLANCE SYSTEM
A SAFE OR SECURE LOCKING CABINET
A SECURED STORAGE ROOM WITH ALARM MONITORED CONTACTS ON DOOR(S) AND WINDOW(S)
A CROSS CUT SHREDDER
SECURELY LOCK ALL DOORS AND WINDOWS WHEN OUTSIDE BUSINESS HOURS
SMOKE, FIRED, AND CARBON MONOXIDE DETECTION DEVICES
INTERIOR/EXTERIOR MOTION ACTIVATED SECURITY LIGHTS

Note: For Deputy Provided Sites, the deputy registrar shall install and maintain an approved alarm system. At BMV Controlled Sites, either the BMV or the deputy registrar will install an approved alarm system, which will be maintained by the deputy registrar.

3.8 FACILITY MAINTENANCE PLAN SUMMARY

If you are awarded a contract you will be required to adopt a facility maintenance plan, including provisions for maintaining the deputy registrar agency premises. Your plan should detail how you intend to address the items listed below.

If you are awarded a contract, do you agree to be responsible for the following either on your own, through your lease or sublease, or by separate contract:

No _____ **Yes** ✓

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

Instructions: Answer all of the following questions to the best of your ability. Please be concise and attempt to limit each answer to seventy-five (75) words or less. Include attachment(s) if more space is needed to answer any of the questions.

1. How do you plan to manage, be responsible, and be accountable for this business at all times?

   By understanding that leading by example is the best way to get staff to follow your actions. Being actively involved in all aspects of my business and being responsible for hiring, training, and overseeing the functions done in my agency. Being sure to see all available BMV training is utilized and all required training is done. Use my many years of business experience to guide me in managing my agency.Reinforce it is our customer we are here to SERVE. We may not always be able to do what is requested BUT they are still OUR CUSTOMER. We can always show empathy and do our best to help our customer: understand what they need, then help them with where and how to get what they need.

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?

   By regularly training my staff and having them aware of Ohio laws, as well as knowing the rules, regulations, guidelines, and procedures of the Ohio BMV. To do this my staff must know how to find answers in the manuals, in what situations they need to contact the help desk, and when they need to get a supervisor involved. My many years experience as a DR helps me here. I have a supervisor look at the previous days scans and applications in BASS. Then we use any errors found to train our clerks and improve ourselves.This also helps guide our ongoing training and improve our agency's evaluations and performance.

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

   I have many cameras with both audio and video input to assist in this endeavor. These can be watched or reviewed, on site or off site, 24/7 by me or others. I also have supervisors that as trained to watch and listen, (as I do myself) what is transpiring in the agency in an effort to prevent any signs of fraud from getting started.

   I train my staff to use our materials, books, black lights,magnifiers, etc. to fight against fraud. I also discuss with my field staff any current fraud issues she is aware of in the area.

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?

   We print them &pass along the workstations to be read, signed, & dated. Then placed in a folder for other staff members to read, sign, & date before starting work. Any questions are addressed to me or the office manager. We currently have a staff member assigned to chart these broadcasts to see we have them all & everyone reads them.

   Also I do a DR-FOR GOOD OF AGENCY" broadcast of our own and basically use the same. procedure for all to read. This is where I and my supervisors put short comments that come from things we overheard or saw which we felt would be better if handled differently. Like better phrasing to use, office procedure changes, or something we are getting lax in doing, etc.

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

I will teach that we are here to help the customer accomplish what they came to do. We will train on how important it is to help our customers understand what needs to be done and to help them understand where they can get each step accomplished. We will furnish them addresses, phone numbers, and websites that can help them find what they need. We will treat each customer like we would want to be treated with respect and kindness. I will LEAD BY EXAMPLE and will strive to have my staff express a positive attitude, and a smile to greet our customers with, I will promote a "we are here to serve you" agency wide attitude.

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

I will work at having a positive agency environment showing with my own actions what I expect. We will work at starting with making eye contact, smile, give a pleasant greeting, and then listen to what our customer wants done. We will maintain appropriate business casual dress code and keep clean work areas. We will wear our name tags for accountability to our customers, and will make sure our customers are told about the customer surveys on their receipts. We will monitor any comments as a means to improve on any customer issues. I will maintain our philosophy of helping every customer find a way to get their transactions done,as long as it's legal.

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

We get most of our recruits from our current staff knowing someone.They suggest good people because they know they have to work with & depend on them. I try to create a family work atmosphere for my staff. I offer a competitive fringe benefit package. I put a premium on both bilingual qualities and previous BMV experience. I try to make flexible schedules to fit staff members' needs when warranted. I always treat people as I would want to be treated. My dad taught me you can't always do what people want but you CAN AWAYS BE FAIR. This helps retain quality employees & is why I have a low turnover. I do a paid Christmas Dinner yearly for staff & spouses. We keep free snacks in the break area for our employees. Higher wages. Upon getting our fee increase I immediately increased ALL employees $2.00/hour to begin.

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

Safety is the top priority in this area.I have a great relationship with the local police.I have audio and video cameras throughout my agency.They are motion sensitive, and record in the dark.I train my employees on using panic buttons &the fire extinguishers.We do monthly tests of the security &camera systems.A member of my staff is paid to come in early and clean the agency.I trained my staff to always greet customers with a smile and close with a thank you. I remind regularly to be positive with customers since it's our customers who pay our salaries & happy customers return! Always help our customers by clearly explaining any issues and then helping to solve them.

9. How would you deal with an irate customer?

I start by remembering it takes 2 to have an argument. Thus if I stay calm, do not raise my voice, & do not show aggression & just listen & empathize with the customer it calms things. While doing this I also try to identify the problem & devise a plan to help them solve it. My not getting upset or hostile started diffusing the problem & this helps my customer too. I now put myself in the customers place. I will do for them what I would like for myself and if they must return with documents,then I give them handouts with a phone number, addresses, & information that will help them get the documents they may need for their transaction. I also explain how GILO works and can be used for when they return OR if they will return today then I mark them absent, put their # on a handout &explain not to wait in line but just tell one of us that you are back and give the number to us so we can make you be the next one in that line to be served.

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

I will do this by advising & training them with many of the same principles I used in item 9 above. Basically LISTEN, staying calm, CONVEY EMPATHY verbally to them, RESTATE THEIR PROBLEM as you understand it, HELP THEM CREATE A PLAN to solve their issue. Now HELP THEM SOLVE IT anyway we can by showing the way & helping them to "get er done".

I also train my supervisors to offer to take over an irate customer. This makes the customer feel they have NEW & more help. And when taking over like this you expect hostility & since you expect it, then you can focus on not losing your cool and not taking it personally. Now you can just focus on it takes 2 to get a conflict going and you are not going to let that happen here by staying calm.

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

I have been involved with a deputy registrar services in Ohio for 29 years. During that time I have presented both myself and the BMV in a professional manner while adhering to the rules, regulations, and the guidelines of the BMV. I look forward to the ever changing world of technology & the challenges that this will bring. I will continue to accept changes with a positive attitude and will impress to my staff that the change are here to better serve our customers.

I will work at having a fast and friendly staff focused on serving our customers.
I will continue using the experience I have developed over the years and the same management and business skills I used during my previous years as an Ohio Deputy Registrar.

Since now having a fee increase and with the BMV District approval I have arranged (over next long weekend) to replace our customer service area floor with a new Luxury Vinyl Tile floor to improve it for our customers. I also plan on tinting the front windows to get the afternoon sun off the Q-flow i-pads, which overheat &can shut down, as well as plans to replace the carpet tiles in the employee area, and doing other things to improve our agency.

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

You should consider me because of my past business experience, my past business knowledge, and my past business history. Also strongly included with that should be my past record as a Ohio Deputy Registrar. Looking at my past performance will show my excellent record serving as the Deputy Registrar for the State of Ohio for the last 29 years at the Milford License Bureau. Please consider my whole business career experiences, but most recently the results of my business knowledge and business sense as I have served the citizens of Ohio over these many years as Deputy Registrar at Milford, Ohio. Our customer comments will document many who say they come to Milford License Bureau for the timely and helpful service we provide them.

Also because I enjoy my work, I CARE and will continue to maintain this caring attitude during a future contract. I have and would always follow the laws of Ohio and the rules and regulations established by the Ohio BMV. I hope the Ohio BMV will see I deserve the opportunity to continue in my service and issue me this contract renewal. In appointing me again you would be able to have seen and know the quality individual you will have leading and guiding this agency going forward.

Thank you for your consideration of my renewal!

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Clermont :

State of Ohio :

I, Sidney Lynne Huling, 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: Sidney Lynne Huling

Printed/typed name of proposer: Sidney Lynne Huling

Sworn to and subscribed in my presence by the above named Sidney Lynne Huling

on this 9th day of January, 2026

Notary Public

KIMBERLY LYNN SPEER-EAST
Notary Public
State of Ohio
My Comm. Expires
August 2, 2030

Printed name of Notary Public: Kimberly Lynn Speer-East

My commission expires: August 2nd, 2030

Form 3.10(A), Affidavit of Individual (2026)

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Sidney Lynne Huling

Location Number 13-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)	X	
4.1	Appointment of Agency Managers	X	
4.2	Experienced Employees Summary	X	
4.3	Staffing and Personnel Costs Calculation	X	
4.4	Start-Up Costs Calculation Amount: $22964.40	X	
4.5	Deputy Registrar Contract (2 pages only)	X	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Sidney Lynne Huling Location number: 13-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.

X 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.

Sidney Lynne Huling Date: 1/9/2026

Deputy registrar (proposer) signature

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Sidney Lynne Huling Location number: 13-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
Sidney Lynne Huling -current Deputy Registrar	29 years
Kimberly Speer-East - current Manager	22 years
Lessie Conrad - current BMV clerk	19 years
Casie Budai - current BMV clerk	21 years
Emily Martin - current Asst. Supervisor	5 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.

Sidney Lynne Huling Date: 1/9/2026

Deputy registrar (proposer) signature

Form 4.2, Experienced Employees Summary (2026)

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Sidney Lynne Huling Location number: 13-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 Unites 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	N/A	N/A	N/A
Office Manager **(leave blank if the Deputy Registrar is also the Office Manager)**	40	38.00	1520.00	6080.00
Assistant Office Manager	36	20.00	720.00	2880.00
Experienced Employees Total Number (combine Full-time & Part-time) = 7	105	18.25	1916.25	7665.00
New Hire Employees Total Number (combine Full-time & Part-time) = 1	25	14.50	362.50	1450.00
TOTALS	242	N/A	4518.75	18075.00

Form 4.3, Staffing and Personnel Calculation (2026)

4.4 START-UP COSTS CALCULATION

Proposer's name: Sidney Lynne Huling Location number: 13-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.

$ 18075.00

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.**

$ 0.00

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: $ 1629.80 x 3 = $ 4889.40

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] $ 22964.40

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 Sidney Lynne Huling **, (deputy registrar, herein) whose** [redacted] **to operate a deputy registrar agency, Location No.** 13-C **, to be located as follows: in the State of Ohio, County of** Clermont

City/Village/Township (indicate which) city **of** Milford

Street address: 1007 Lila Avenue

(City) Milford **, Ohio (Zip)** 45150

WHEREAS, the Registrar of Motor Vehicles, pursuant to section 4503.03, section 4507.01, and other applicable sections of the Ohio Revised Code, wishes to appoint and contract the above named person as deputy registrar for the above referenced location;

WHEREAS, the above named deputy registrar wishes to accept this appointment and contract as deputy registrar;

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

1. The Registrar hereby appoints the above named person as a deputy registrar subject to the 2026 Deputy Registrar Contract Terms and Conditions which are incorporated herein by reference;

2. The above named person hereby accepts appointment as a deputy registrar subject to the 2026 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;

3. The term of this appointment and contract shall begin on the **28th** day of **June, 2026**, and shall end on the **28th** day of **June, 2031**, unless otherwise terminated as provided herein;

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:

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.

Sidney Lynne Huling
Deputy Registrar signature

1/9/2026
Date

STATE OF OHIO :
:
COUNTY OF Clermont :

Before me, a notary public in and for said county and state, personally appeared the above named Sidney Lynne Huling, 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 9th day of January, 2026.

NOTARY PUBLIC

Printed name of Notary Public: Kimberly Lynn Speer-East

My commission Expires: August 2nd, 2030

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

KIMBERLY LYNN SPEER-EAST
Notary Public
State of Ohio
My Comm. Expires
August 2, 2030

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on
_____

Form 4.5, Deputy Registrar Contract (2026)