

PAYROLL COMPARISON – 2026

Proposer Name: Steve Oliver

Evaluator Printed Name: Robert A. Fragale

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation						
	Location Number(s)					
	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
	23-A					
Highest Rate	\$26					
Lowest Rate	\$14					
Number of Hours Recommended	268					
Number of Hours Proposed	268					
Total Monthly Wages	\$17,920					

Comments:

PERSONAL EVALUATION (2026)

Steve Oliver
 23-A / 26053
 Fairfield County, Lancaster
 BMV Site

Evaluation Team Number: _____

Location(s) Proposed: (#1) 23-A _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Steven R. Oliver _____

Proposer's County of Residence (NPC Operation): (#4) _____

Verify Proposer's Driver's License Number: (#6) _____

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):	<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>Robert A. Frugale</u>	<u>Robert A. Frugale</u>	<u>2/26/26</u>
(2)	_____	_____	_____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	0	0	
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	5	*	
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	5	*	
5. Proposer is not a State of Ohio employee or will resign? (#19)	5	*	
6. Proposer is not an active insurance agent or is nonprofit? (#20)	5	*	
7. Proposer states no criminal conviction within the last 10 years? (#21)	5	*	
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	5	*	
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	5	*	
10. Proposer can meet bond requirements? (#24 and acceptable proof)	5	*	
11. Acceptable educational information OR nonprofit corporation? (#25)	5	0	
12. Proposer has computer training or experience? (#26)	5	0	

PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 55

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

Comments: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: verified at telephone () _____

Company: Lancaster 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: 36+

From (date): 7/2002 To (date): Present Length: 24 years

Verified Hours 36+ = Factor 1 x Years 24 x Points 50 = 1,200

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.	Lancaster License Bureau	# NA = 1.0 x 24 x 50 =	1,200	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =			1,200	

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

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

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

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

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

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

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

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

17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	(2)	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	(5)	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	(5)	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	(5)	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	(11)	0
B. Equal Employment Opportunity?		
C. Employee training by the deputy registrar?		
D. Participation in BMV provided training?		
E. Evaluation of employee performance?		
F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?		
G. Progressive disciplinary steps?		
H. Dress code with list of acceptable attire?		
I. Dress code with list of unacceptable attire?		
J. A policy for maintaining the professional appearance of all staff at all times?		
K. Fringe benefits (beyond those required by law or contract)?		

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

28

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

Comments: _____

PERSONAL EVALUATION

OK | NO

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

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

17

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

Comments: _____

PERSONAL EVALUATION

OK | NO

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

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

27

OPERATIONAL EVALUATION (2026)

Steve Oliver
23-A / 26053
Fairfield County, Lancaster
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 <u>20</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	Experienced Employees Summary Gave Acceptable Statement OR Provided Names	2	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>268</u> Proposed: <u>268</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2026 Ohio Minimum Wage Rate = \$7.25 or \$11.00 Per Hour)	1	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	3	0
	B. Adequate and Accurate Site Preparation Costs	2	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$ <u>24,071.45</u> On Deposit (Form 3.4): \$ <u>31,649.56</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments:

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

Operational Evaluation (2026)

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Steven R Oliver

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

23-A _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

2. Full legal name of proposer Steven R Oliver

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

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? 06/26/2026

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
Elliott Sarnowski	Son-in-law	Yes _____	No <input checked="" type="checkbox"/>	06/29/2030
_____	_____	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 Jackson High School

City Jackson State Ohio Zip 45640

College name Nashville Auto Diesel College

City Nashville State Tennessee Zip 37206

Major Technician Degree awarded Yes

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

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

No _____ Yes

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

Excel - used daily

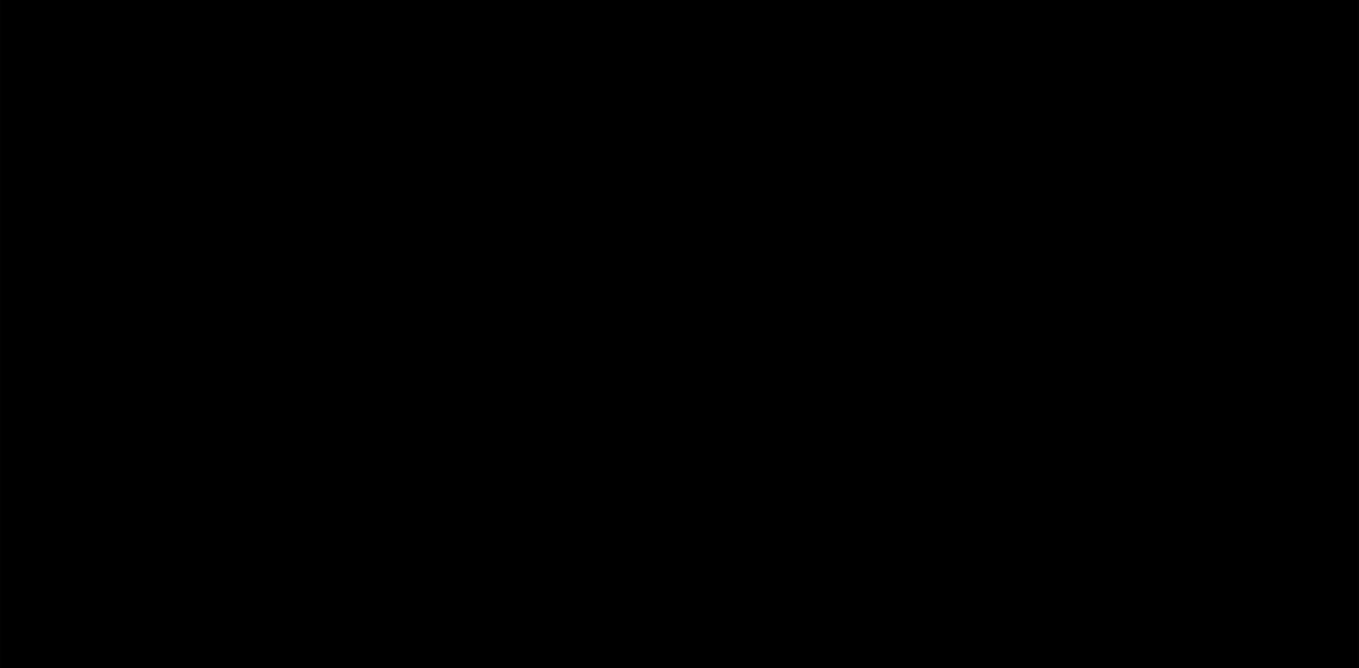
Quickbooks online - used daily

E-Commerce website building and operations I have built and operated 3 E-commerce websites and 1 business website

Cloud based advertising software

Multiple computer software from vehicle parts software, manufacturing process software, graphic design software etc..

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:
If no answer leave a message, he will return your call

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 Steven R Oliver Company name Lancaster License Bureau
 Company address 980 Liberty Dr City Lancaster
 State Ohio Zip 43130 Telephone (740) 475-0022
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Issue Ohio Drivers License, Vehicle Registrations 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 36
 3. Dates you operated this business: From: month July year 2002 To: month Current year Current
 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? 11
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 Steven R Oliver Company name BMV Supplies
Company address 639 Carroll Eastern Rd NE City Lancaster
State Ohio Zip 43130 Telephone (740) 475-8531
Type of business (deputy registrar, retail grocery, etc.) E-Commerce

Company's products and/or services License Plate Frames etc. to Ohio Deputy Registrars

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 50 % Hours worked weekly 5
3. Dates you operated this business: From: month Dec year 2018 To: month Current year Current
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.)

[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 Steven R Oliver Company name Hayden Run License Bureau

Company address 2964 Hayden run Plaza City Columbus

State Ohio Zip 43235 Telephone () N/A

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

Company's products and/or services Issue Ohio Drivers License, Vehicle Registrations 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 20

3. Dates you operated this business: From: month Jan year 2020 To: month Dec year 2020

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
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<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
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<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
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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 Steven R Oliver Company name Dollar Spree
 Company address 211 Broadway St City Jackson
 State Ohio Zip 45640 Telephone () N/A
 Type of business (deputy registrar, retail grocery, etc.) Retail Dollar Store

Company's products and/or services Dollar Store Items

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

1. Federal Tax ID Number: [REDACTED]
 2. Percentage of business you owned: 50 % Hours worked weekly 5
 3. Dates you operated this business: From: month Mar year 2006 To: month May year 2008
 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
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

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 Steven R Oliver Company name Wilmington License Bureau
 Company address 1324-C Rombach Ave City Wilmington
 State Ohio Zip 45177 Telephone () N/A
 Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Issue Ohio Drivers License, Vehicle Registrations 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 2001 To: month June year 2002
 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
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

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 Steven R Oliver Company name Jackson County License Bureau

Company address 301 Huron St City Jackson

State Ohio Zip 45640 Telephone () N/A

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

Management/supervisory duties Performed all duties pertaining to the operation of a license agency including assisting with hiring, training and monitoring employee performance

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 48

2. Dates this position was held: From: month May year 1999 To: month June year 2001

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

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

If you answered yes to question number 4, how many employees do/did you manage? 3

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
				()
				()

3.3 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):

For more than 24 years, I have fostered a welcoming, contemporary environment for both customers and employees. I prioritize long-term employee retention by offering competitive compensation, performance-based incentives, flexible scheduling, paid time off, and comprehensive health-care and retirement benefits.

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: Steven R Oliver

Title (if officer of nonprofit corporation): _____

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

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

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

3.6 PERSONNEL POLICY

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

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

No _____ Yes

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

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

Yes No

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No _____ Yes

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

With over 24 years of experience as a Deputy Registrar, I have consistently demonstrated my dedication and capability in operating one of the top agencies in the state. My vigilant approach includes continually monitoring for any indications of fraud or dishonesty, embodying the principle of "trust but verify."

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?

My past evaluations reflect my unwavering commitment to following proper procedures. Moving forward, I will continue to implement the necessary checks and balances to ensure full compliance with all laws and BMV guidelines. I remain dedicated to providing comprehensive and continual training to all employees.

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

I maintain a robust camera system with both audio and video capabilities to ensure effective monitoring of all activities. As processes evolve, I remain vigilant for any attempts to circumvent established procedures. I evaluate each situation carefully, using my experience to identify and address potential loopholes that employees might attempt to exploit. I also make certain that all employees understand the seriousness of fraud or theft and the potential consequences, including prosecution.

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 each broadcast and acknowledge it by initialing. The office manager or I will address any questions and ensure full understanding of the updated directives. We also post all relevant broadcasts in the break room as ongoing reminders.

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

I actively listen to employees' feedback and avoid correcting them in front of customers or colleagues unless it is absolutely necessary. I encourage employee involvement and welcome their ideas to improve customer service. I demonstrate respect in every interaction and expect the same from my team. I am honest, straightforward, and transparent in my communication with them.

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

I ensure that the agency maintains a clean, organized, and professional environment. I am committed to having adequate staff on hand and require employees to be well-groomed and appropriately dressed. My team is trained to be polite, respectful, and attentive to every customer.

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

I advertise open positions and ensure that each candidate is interviewed by at least two individuals. I offer competitive wages and benefits, along with flexible scheduling to accommodate employees' needs and support a healthy work-life balance.

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

The agency is meticulously cleaned each day to maintain a welcoming and professional environment. We have a comprehensive security system in place, including alarm buttons at all workstations for immediate assistance when needed. I encourage employees to bring forward any concerns about their colleagues to help foster a supportive and accountable workplace. I also emphasize the importance of de-escalating customer interactions to ensure a positive experience for everyone.

9. How would you deal with an irate customer?

I remain calm and patient when addressing customer issues, actively listening to their concerns and working toward an appropriate solution. I take the time to ensure customers understand the rules and any required actions. If I am unable to calm a disruptive customer, I will politely ask them to leave. If a customer becomes threatening or refuses to leave, I will contact law enforcement to ensure the safety of employees and customers.

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

Maintain a calm and patient demeanor at all times. Avoid engaging in arguments with customers. Listen attentively to fully understand their needs without making assumptions. If the situation begins to escalate, inform the customer that you will involve a manager to assist in resolving the issue.

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

I am committed to continuously meeting and exceeding all BMV expectations. With more than 24 years of experience as a Deputy Registrar, I have built strong, collaborative relationships with the BMV employees I have worked with. I will continue to maintain a team of well-trained employees to uphold the high standards expected of our agency.

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

I have a proven track record as a Deputy Registrar for more than 24 years. Both past and present Field Staff colleagues can attest to my consistent excellence in this role. I am continually striving for improvement and always looking for ways to enhance our operations and performance.

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Steven R Oliver

Location Number 23-A

Proposer Number (BMV use only) _____

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

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>24,871.45</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Steven R Oliver Location number: 23-A

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

Steven R Oliver
Deputy registrar (proposer) signature

Date: 01/06/2026

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Steven R Oliver Location number: 23-A

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

(B) CHECK WHICHEVER APPLIES:

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

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

Name of Experienced Employee	Length of Experience
Stacie Craiglow	26 Years
Brooke Baker	16 Years
Laura Muck	7 Years
Martha Spangler	2 Years
Susan White	2 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.

Steven R Oliver

Deputy registrar (proposer) signature

Date: 01/06/2026

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Steven R Oliver Location number: 23-A

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

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

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

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$405,000 per year and \$11.00 per hour by businesses with gross receipts of \$405,000 or more per year.

The deputy registrar need not list any salary or wages for the deputy's own service as deputy registrar or as the office manager.

Caution. For deputy registrars who also serve as the office manager, be careful not to duplicate hours worked.

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	20.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36.00	\$ 26.00	\$ 936.00	\$ 3,744.00
Assistant Office Manager	38.00	\$ 23.00	\$ 874.00	\$ 3,496.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u>	117.00	\$ 16.00	\$ 1,872.00	\$ 7,488.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>2</u>	57.00	\$ 14.00	\$ 798.00	\$ 3,192.00
TOTALS	268.00	N/A	\$ 4,480.00	\$ 17,920.00

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 Steven R Oliver

_____y registrar, herein) whose

_____, to operate a deputy

registrar agency, Location No. 23-A, to be located as follows: in the

State of Ohio, County of Fairfield

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

Street address: 980 Liberty Dr Suite 500

(City) Lancaster, Ohio (Zip) 43130

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;

