

PAYROLL COMPARISON – 2026

Proposer Name: Tara Stephens

Evaluator Printed Name: Robert A. Fragale

	Location Number(s)					
	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
	09-B	29-A				
Highest Rate	\$25	\$25				
Lowest Rate	\$18	\$18				
Number of Hours Recommended	188	201				
Number of Hours Proposed	272	272				
Total Monthly Wages	\$20,000	\$20,000				

Comments:

PERSONAL EVALUATION (2026)

Tara Stephens
 09-B / 26055
 Butler County, Middletown
 BMV Site

Evaluation Team Number: _____

Location(s) Proposed: (#1) 09-B 29-A _____

Proposed as 2nd Location ✓ ✓ _____

Verify Proposer's Full Name: (#2) Tara B. Stephens _____

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

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. Fragale</u>	<u>Robert A. Fragale</u>	<u>2/25/26</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: Kenia License Bureau LLC

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): 6/2015 To (date): Present Length: 11 years

Verified Hours 40+ = Factor 1 x Years 11. x Points 50 = 550

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.	Xenia License Bureau LLC	# NA =	1.0	x 11	x 50 =	550	✓
B.		# NA =	1.0	x	x 50 =		
C.		# NA =	1.0	x	x 50 =		
Subtotal of 13-A, 13-B & 13-C =						550	

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

27

OPERATIONAL EVALUATION (2026)

Tara Stephens
09-B / 26055
Butler County, Middletown
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>188</u> Proposed: <u>272</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>27,173.01</u> On Deposit (Form 3.4): \$ <u>52,931.75</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments: _____

	<u>Evaluators' signatures</u>	<u>Printed names</u>	<u>Date</u>
(1)	<u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>2/25/26</u>
(2)	_____	_____	_____

Operational Evaluation (2026)

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Tara Brooke Stephens

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:

29-A

09-B

2. Full legal name of proposer Tara Brooke Stephens



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



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? 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? 6/27/26 & 6/26/27

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
Denise Everetts	Mother	Yes _____	No <input checked="" type="checkbox"/>	6/29/2030
Joseph Everetts III	Brother	Yes _____	No <input checked="" type="checkbox"/>	6/27/2026
_____	_____	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	
Joseph Everetts III	Brother	Yes ___	No <input checked="" type="checkbox"/>
_____	_____	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 Holgate Local Schools

City Holgate State Oh Zip 45327

College name Columbus State

City Columbus State Ohio Zip 43215

Major Business Administration Degree awarded Associates

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

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 Tara Stephens Company name Xenia License Bureau, LLC
Company address 601 Ledbetter Rd Suite D City Xenia
State Ohio Zip 45385 Telephone (937) 372-4282
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services BMV Services

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month 06 year 2015 To: month 02 year 2026
4. Is/was this business profitable? No Yes
5. Is/was this business your primary source of income and support? No Yes
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes
7. Do/did you directly manage employees on a daily basis? No Yes
- If you answered yes to question number 6, how many employees do/did you manage? 7
8. Have you ever developed a comprehensive business plan? No Yes

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

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

()

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Tara Stephens Company name Fairborn License Bureau, LLC

Company address 1274 N Broad St City Fairborn

State Ohio Zip 45324 Telephone (937) 878-4040

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

Company's products and/or services BMV Services

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

1. Federal Tax ID Number: [REDACTED]

2. Percentage of business you owned: 100 % Hours worked weekly 40

3. Dates you operated this business: From: month 05 year 2019 To: month 02 year 2026

4. Is/was this business profitable? No Yes ✓

5. Is/was this business your primary source of income and support? No ✓ Yes

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

7. Do/did you directly manage employees on a daily basis? No Yes ✓

If you answered yes to question number 6, how many employees do/did you manage? 5

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

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

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

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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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 Tara Stephens Company name Middletown BMW, LLC
Company address 3232 Roosevelt Blvd City Middletown
State Ohio Zip 45044 Telephone (513) 422-7225
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services BMW Services

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month 04 year 2022 To: month 01 year 2026
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 7
8. Have you ever developed a comprehensive business plan? No Yes ✓

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

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

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Tara Stephens Company name WOW Designs, LLC
Company address 2968 Walling Way City Beavercreek
State Ohio Zip 45434 Telephone () N/A
Type of business (deputy registrar, retail grocery, etc.) Retail

Company's products and/or services Name tags for deputy registrars

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly as needed
3. Dates you operated this business: From: month 01 year 2024 To: month 01 year 2026
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No ✓ Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No ✓ Yes
7. Do/did you directly manage employees on a daily basis? No ✓ Yes
- If you answered yes to question number 6, how many employees do/did you manage?
8. Have you ever developed a comprehensive business plan? No Yes ✓

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

Name	City	State	Zip	Daytime Phone
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 Tara Stephens Company name East Dayton License Bureau

Company address 1036 S Smithville Rd City Dayton

State Ohio Zip 45403 Telephone (937) 252-6204

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

Management/supervisory duties Issued BMV transactions, supervised staff, open/closed managed inventory, managed errors and corrections.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Manager Hours worked weekly? 40

2. Dates this position was held: From: month 11 year 2012 To: month 06 year 2013

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

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

If you answered yes to question number 4, how many employees do/did you manage? 7

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

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

_____ () _____

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Tara Stephens Company name Filling Home Memorial Home of Mercy

Company address 160 OH-108 City Napoleon

State Ohio Zip 43545 Telephone (419) 592-6451

Type of business (deputy registrar, retail grocery, etc.) Home for individuals with development disabilities

EMPLOYEE - Job title: Resident Assistant

Hours worked weekly 40 Job duties Caregiver duties

Dates of this employment: From: month 08 year 2001 To: month 03 year 2005

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

I provided care efficiently and thoroughly with kindness and patience.

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

Name	City	State	Zip	Daytime Phone
			()	
			()	

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Tara Stephens Company name Kenny Road License Agency

Company address 4503 Kenny Road License Agency City Columbus

State Ohio Zip 43220 Telephone (614) 644-6268

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

EMPLOYEE - Job title: Clerk

Hours worked weekly 32 Job duties BMV Services

Dates of this employment: From: month 08 year 2011 To: month 03 year 2012

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

Issued BMV transactions accurately, efficiently and professionally.

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

Name	City	State	Zip	Daytime Phone
				()
				()

3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Tara Stephens Company name Omni Financial
Company address 719 W Rowan City Fayetteville
State North Carolina Zip 28301 Telephone (910) 223-9134
Type of business (deputy registrar, retail grocery, etc.) Collections

EMPLOYEE - Job title: Senior Administrative Assistant

Hours worked weekly 40 Job duties Processed credit disputes and payments, routed incoming calls, maintained electronic filing system, managed all incoming and outgoing correspondence.

Dates of this employment: From: month 09 year 2012 To: month 11 year 2013

Describe how and to what extent **you provided high quality customer service** at this position:
Handled all customer interactions accurately, efficiently and professionally.

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):

It is my ongoing priority to identify, implement, and refine practices that enhance customer service. I consistently use innovation, technology, and structured training to maintain a knowledgeable, efficient, and customer-focused team. The following are specific initiatives I have implemented and will continue to prioritize to ensure excellent service:

1. I will continue a structured training model in which clerks are trained in stages and gain access to more complex or sensitive transactions only after demonstrating proficiency at each level. More difficult transactions are intentionally paired with experienced clerks who have developed the skills necessary to manage them accurately and confidently.
2. I will remain focused on wait time management by maintaining consistent staffing levels. My approach produces adequate staffing through effective hiring, retention strategies, and clear attendance expectations. This allows operations to remain stable during unexpected absences, vacations, or staffing changes.
3. I will continue to build active management support and utilize management teams to respond to surges in customer volume by assisting in the lobby, removing administrative tasks from clerks when needed, and actively managing customer flow using Q-Flow technology. Management is strategically posted to offer their advance knowledge and solutions should a customer need further assistance.
4. I will continue "live-checks" in which we check DL/ID apps in real-time prior to the customer leaving. This significantly reduces returns for correction and opportunity for on the spot coaching for staff.

Form 3.3, Customer Service Experience (2026)

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: Tara Stephens

Title (if officer of nonprofit corporation): _____

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

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

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

3.6 PERSONNEL POLICY

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

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

No _____ Yes

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

3.7 SECURITY PLAN SUMMARY

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

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

Yes No

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

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

3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

No _____ Yes

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

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

I will remain an active full-time deputy registrar. In areas I am not proficient I hire services, this includes accounting, legal, maintenance etc. Additionally I have developed a multi-tiered team of management that is very capable and assists with employee coaching, transaction audits, and policy compliance.

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

I have comprehensive knowledge of BMV policy, applicable ORC, and required business practices. I remain in a constant state of learning to ensure compliance. My employees are held to the same standard. They consistently apply all policies outlined in BMV manuals.

My audit and correction system includes real-time, live review of all driver license and ID transactions. In addition, we conduct real-time live reviews of all vehicle registration transactions completed by probationary clerks, as well as more complex transactions, until proficiency is clearly demonstrated.

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

Our teams are trained to utilize fraud detection tools in addition to fraudulent document training. We frequently use Docutector. We have video surveillance available at the terminals to monitor for cheating at our testing kiosks. We prioritize focusing on details and working together to identify fraudulent documents, suspicious behaviors, and impostors. We audit frequently to ensure all these safe-guards are being practiced and are sufficient.

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?

Broadcasts are reviewed promptly by manager with time-sensitive updates shared with staff immediately. All broadcasts are posted and require review before starting or ending a shift. Each office has a designated broadcast manager that ensures each broadcast has been acknowledged by all staff. Management and myself deep-dive into policy change and implement ways to ensure new guidelines are followed. This comes in the form of one-on-one training, creating quick guide references, or management approvals.

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

I will remain an active deputy, leading by example through strong customer service, work ethic, and teamwork. My managers meet expectations to demonstrate these same standards. When necessary, I make management changes to ensure the right individuals are in leadership roles.

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

I require a team with integrity and strong work ethic that have personal pride in contributing to an above standard office. In most cases pride in their hard work results in little disciplinary action, however unsatisfactory staff are replaced as needed. Clear expectations are established through my Code of Conduct. Management and I actively monitor behavior and provide coaching when necessary to ensure accountability and consistency. A professional dress code, including required BMV apparel, is enforced.

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

I have successfully used Indeed to recruit qualified applicants. A multi-tiered training system is in place to help clerks gradually transition into transaction processing, reducing the risk of overwhelm during their initial weeks. I will continue to offer competitive wages and provide benefits such as vision, dental, and telehealth coverage.

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

My teams work collaboratively to maintain clean agencies and remain attentive to their surroundings to ensure a safe environment. Friendly customer service is a minimum expectation in all of my agencies; however, if an employee has an off day and falls short of expectations, management and I address the issue promptly through private correction. Security measures, including cameras and panic buttons, are consistently maintained and up to date.

9. How would you deal with an irate customer?

I allow customers the opportunity to express their frustration and then offer solutions within the boundaries of BMV policy and compliance. For example, when service must be denied due to insufficient documentation, customers are clearly guided on how to obtain acceptable documents. I acknowledge the inconvenience and provide options to minimize wait times upon their return. Clerks are coached to de-escalate, with management readily available to intervene when necessary.

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

We prioritize techniques to prevent customer interactions from escalating. Each customer is worked through thoroughly to ensure they are well prepared for a successful transaction on a return visit, if needed. This reduces the level of frustration. Staff are reminded not to take customer frustration personally, and I encourage empathy by asking them to recall times when they themselves may have been less than a stellar customer—it happens, and understanding that helps diffuse tension.

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

I will ensure BMV policies are well understood and strictly followed at all times. I will remain a full-time, active deputy who regularly audits all areas of my agencies, including customer service quality, transaction accuracy, management effectiveness, teamwork, and overall appearance. Any areas identified as needing improvement—whether related to performance or environment—will be addressed promptly. I will continue to leverage innovation, ongoing training and testing, and education to operate agencies that consistently exceed expectations. I fully recognize the necessity of qualified management to successfully operate multiple agencies. While I am proud of the team I have in place, I continue to build up and coming management in the event I lose any members of my management team.

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

I intend to remain a quality deputy registrar. I will continue to stay on top of policy change, to invest in a quality staff, to invest in my agencies, and to exceed customer expectations. I respect the need for working relationships with field staff and BMV administration. I realize the quality of deputy registrar I require of myself means a full-time presence and consistent work ethic.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Greene **☑**:

State of Ohio :

I, Tara Stephens, 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: *Tara Stephens*

Printed/typed name of proposer: Tara Stephens

Sworn to and subscribed in my presence by the above named Tara Stephens

on this 30 day of January, 2026

[Signature]
Notary Public

Printed name of Notary Public: Heather Sizer

My commission expires: 2/3/26



Heather Sizer
Notary Public, State of Ohio
My Commission Expires
February 03, 2026

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Tara Brooke Stephens

Location Number 09-B

Proposer Number (*BMV use only*) _____

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

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>27,173.01</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

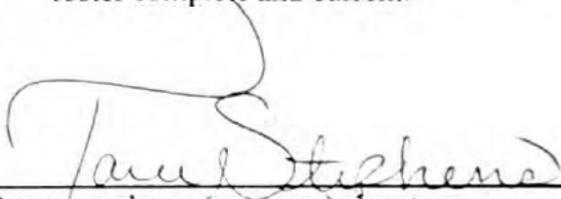
Proposer's name: Tara Stephens Location number: 09-B

- (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.



Deputy registrar (proposer) signature

Date: 1/21/26

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Tara Stephens Location number: 09-B

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

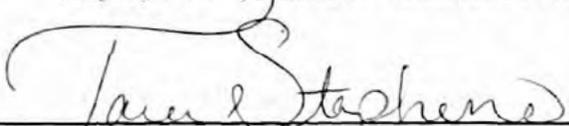
(B) CHECK WHICHEVER APPLIES:

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

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

Name of Experienced Employee	Length of Experience
Meranda Brooks	3 years
Hayden Cox	2 years
Thomas McDonald	10+ years
Sharon Crosier	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.


Deputy registrar (proposer) signature

Date: 1/21/26

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Tara Stephens Location number: 09-B

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

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

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

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

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

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

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (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	\$ 25.00	\$ 900.00	\$ 3,600.00
Assistant Office Manager	36.00	\$ 22.00	\$ 792.00	\$ 3,168.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>4</u>	36.00	\$ 20.00	\$ 2,880.00	\$ 11,520.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u>	36.00	\$ 18.00	\$ 648.00	\$ 2,592.00
TOTALS	272.00	N/A	\$ 5,220.00	\$ 20,880.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Tara Stephens Location number: 09-B

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

1. PERSONNEL COSTS (FOUR WEEKS)

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

\$ 20,880.00

2. SITE PREPARATION COSTS (AMORTIZED)

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

1. Building Modifications	\$ _____
2. Counter Costs	\$ _____
3. Other Costs	\$ _____
4. Total	\$ <u> </u>

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

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

\$

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 2,097.67 x 3 = \$ 6,293.01

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] \$ 27,173.01

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 Tara Stephens _____, (deputy registrar, herein) whose



_____, to operate a deputy registrar agency, Location No. 09-B, to be located as follows: in the

State of Ohio, County of Butler

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

Street address: 3232 Roosevelt Blvd

(City) Middletown, Ohio (Zip) 45044

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"]:

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.

Tara Stephens
Deputy Registrar signature

1-24-26
Date

STATE OF OHIO :
COUNTY OF Butler :

Before me, a notary public in and for said county and state, personally appeared the above named Tara Stephens, 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 24 day of January, 2026.

Raven Isaacs
NOTARY PUBLIC

Printed name of Notary Public: Raven Isaacs

My commission Expires: June 17, 2030



STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on _____