

# PAYROLL COMPARISON – 2026

**Proposer Name: Tishanna Jones**

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
	68-A					
Highest Rate	\$18					
Lowest Rate	\$11.50					
Number of Hours Recommended	188					
Number of Hours Proposed	216					
Total Monthly Wages	\$19,576					

Comments:

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# PERSONAL EVALUATION (2026)

Tishanna Jones  
68-A / 26066  
Preble County, Eaton  
BMV Site

Evaluation Team Number: \_\_\_\_\_  
Location(s) Proposed: (#1) 68-A \_\_\_\_\_  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  
**Verify** Proposer's Full Name: (#2) Tishanna Leann Jones  
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. Frugule</u>	<u>Robert A. Frugule</u>	<u>2/24/26</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: Eaton License Bureau

Relationship: Deputy Registrar

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

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

Hours per week: 40+

From (date): 1/2014 To (date): Present Length: 12 years

Verified Hours 40+ = Factor 1 x Years 12 x Points 50 = 600

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.	Eaton License Bureau	# NA = 1.0 x 12 x 50 =	600	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
<b>Subtotal of 13-A, 13-B &amp; 13-C =</b>			<b>600</b>	

### 14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

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

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

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

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

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

ITEM	AGENCY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 23 =		
B.		# = x x 23 =		
C.		# = x x 23 =		
D.		# = x x 23 =		
<b>Subtotal of 16-A, 16-B, 16-C &amp; 16-D =</b>				

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

### 17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

## PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	(2)	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	(5)	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	(5)	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (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 <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	3	*
B. Is it the affidavit duly signed and notarized?	2	*

26. Local Law Enforcement Report / Articles of Incorporation (AOI)		
A. No disqualifying convictions for individual / AOI for nonprofit corporation?	3	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	2	0

27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation		
No disqualifying convictions for individual / AOI for nonprofit corporation?	5	*

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



# OPERATIONAL EVALUATION (2026)

Tishanna Jones  
68-A / 26066  
Preble County, Eaton  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u>	5	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement <b>OR</b> Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>198</u> Proposed: <u>216</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2026 Ohio Minimum Wage Rate = \$7.25 or \$11.00 Per Hour)	1	*
4.4	<b>Start-Up Costs Calculation</b>		
	A. Adequate and Accurate Personnel Costs	3	0
	B. Adequate and Accurate Site Preparation Costs	2	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$ <u>13,437</u> On Deposit (Form 3.4): \$ <u>51,031.40</u>	5	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

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

	Evaluators' signatures	Printed names	Date
(1)	<u>[Signature]</u>	<u>Robert A. Fragale</u>	<u>2/24/26</u>
(2)	_____	_____	_____

Operational Evaluation (2026)

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Tishanna Leann Jones

Proposer Number (BMV use only) \_\_\_\_\_

**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original of these forms are required. Please submit via email in accordance with the RFP instructions.

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

**Form 3.0, Personal Checklist (2026)**

**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:

68-A      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

2. Full legal name of proposer Tishanna Leann Jones



7. Spouse's name (nonprofit corporation N/A) John Seymour Jones



9. Are you proposing as the owner of a minority business enterprise (MBE)? No  Yes \_\_\_\_\_

10. Proposer is (check one and follow instructions):

- An individual person.** These forms are designed to be self-explanatory for Proposers proposing as individual persons. Answer all questions as they apply to you personally. If a question does not apply to you, enter "N/A" or "Not applicable";
- \_\_\_\_\_ **The Clerk of Courts** of \_\_\_\_\_ County;
- \_\_\_\_\_ **The County Auditor** of \_\_\_\_\_ County. Answer all questions as they apply to you and your position as Clerk of Courts or County Auditor. If a question does not apply to you or your position, enter "N/A" or "Not applicable";
- \_\_\_\_\_ **A nonprofit corporation (NPC).** An officer or an authorized agent should answer all questions and sign all documents on behalf of the NPC. The answers must refer to the NPC itself and not to the individual officers, agents, or employees of the NPC, unless otherwise specified. Many questions are not applicable to nonprofit corporations. To assist your responses, we have marked those questions "NPC N/A" meaning we believe the marked question is not applicable to most nonprofit corporations. Please answer all other questions unless clearly inapplicable.

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)

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

B. If YES, in what elective office are you serving? \_\_\_\_\_

C. If YES, date that you plan to leave this office? \_\_\_\_\_

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)

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

B. If YES, what office? \_\_\_\_\_

13. A. Are you currently a deputy registrar?

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

B. If YES, on what date does your contract expire? June 27, 2026

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?

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

14. A. Is your spouse currently a deputy registrar? (NPC N/A)

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

B. If YES, on what date does your spouse's contract expire? \_\_\_\_\_

For the following three questions, **extended family** includes your spouse, parent, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law:

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)

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

B. If YES, list their name, relationship to you, whether you share the same household, and date their contract expires here:

Name	Relationship	Same Household		Contract Expires
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____

16. A. To the best of your knowledge, will any member of your extended family submit a proposal in response to this RFP? (NPC N/A)

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

B. If YES, list their name, relationship to you, and whether you share the same household:

Name	Relationship	Same Household
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (NPC N/A)

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

B. If YES, list their name, relationship to you, and the date they became so employed:

Name	Relationship	Employment Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.)

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

B. If "NO," are you applying as a Clerk of Courts or County Auditor?

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

19. A. Are you an employee of the State of Ohio? (NPC N/A)

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

B. If "YES," will you resign, if appointed?

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

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A)

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

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

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

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

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

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

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

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

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

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma? No \_\_\_\_\_ Yes

High school name Eaton High School

City Eaton State Ohio Zip 45320

College name Ivy Tech Community College

City Richmond State Indiana Zip 47374

Major Accounting Degree awarded AAS

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.)

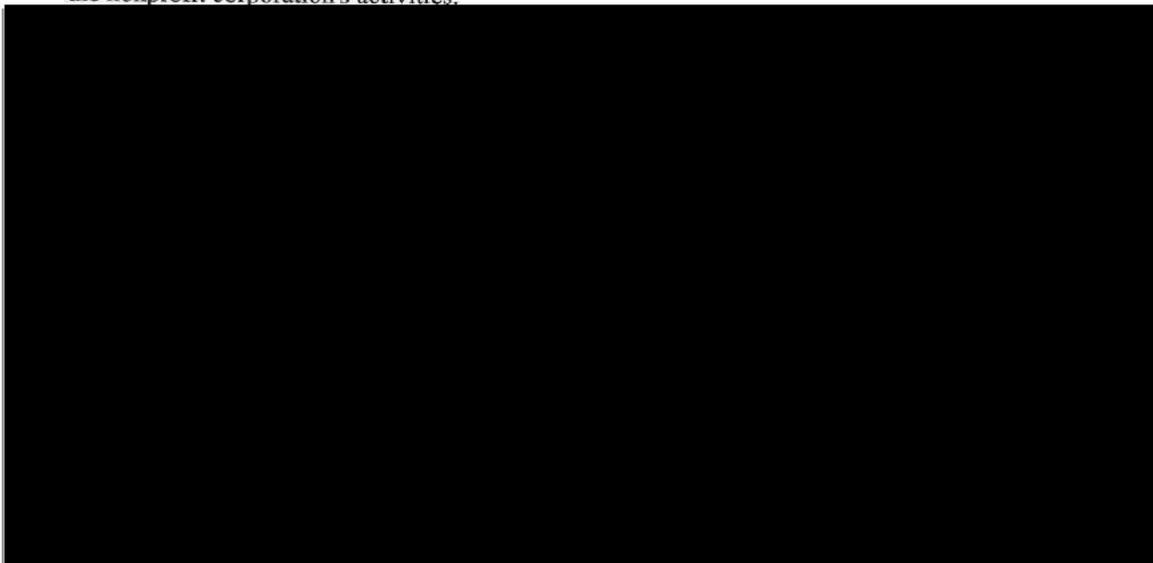
No \_\_\_\_\_ Yes

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

Through my experience in working in small business and retail I have utilized computers for a wide range of communication and record keeping purposes. The use of Word documents, Outlook and other internet based email systems have been critical in maintaining proper communication. In retail I have utilized multiple point of sale systems and accounting software. I have utilized Excel for data tracking and trendline setting in business analysis. Quickbooks has been instrumental for record keeping and tax preparation purposes in my business and home finances. During my tenure within the banking industry I utilized commercial banking software daily. PowerPoint has provided me the tool to more effectively convey ideas and information to groups of people. Throughout the last sixteen years the use of the State of Ohio BASS system has become second nature and essential for the completion of business.

In addition to the use of various software and applications I have installed, set up, configured computers and various hardware devices(printer, fax machines, monitors, sound systems, etc) as well.

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:

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 Tishanna Leann Jones Company name Eaton License Bureau  
Company address 550 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-9444  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Ohio identification, drivers license, vehicle registration, ODNR watercraft registration, and associated services and products.

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 42
3. Dates you operated this business: From: month 1 year 2014 To: month      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? 6
8. Have you ever developed a comprehensive business plan? No      Yes ✓

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

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

### FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Tishanna Leann Jones Company name Jones Farms  
Company address 5834 Crawfordsville Campbellstown Road City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 336-1579  
Type of business (deputy registrar, retail grocery, etc.) Grain farm

Company's products and/or services Row crop grains and land management

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

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 8 year 2009 To: month 6 year 2014
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? 1
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	Phone
[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 Tishanna Leann Jones Company name Eaton License Bureau  
Company address 550 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-9444  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Process and Issue Ohio identification cards, drivers license, vehicle registration, ODNR watercraft registration, and associated services and products. Performed opening and closing duties such as assigning tills and balancing the deposit.

MANAGER OR SUPERVISOR - Job title: Debbie Jordan - Deputy Registrar

- Title of position Assistant Office Manager Hours worked weekly? 40
- Dates this position was held: From: month 1 year 2012 To: month 12 year 2013
- Do/did you directly hire, evaluate, train, and discipline employees? No  Yes
- 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? 4
- 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(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 Tishanna Leann Jones Company name CVS Pharmacy  
Company address 1300 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-6255  
Type of business (deputy registrar, retail grocery, etc.) Retail sales and Pharmacy

Management/supervisory duties Inventory management, prepare and make bank deposits, product layout, alarm system call-ins, customer service and work assignments in pharmacy when low staff.

MANAGER OR SUPERVISOR - Job title: Jim Paul - Store Manager

1. Title of position Shift Supervisor Hours worked weekly? 40
2. Dates this position was held: From: month 4 year 2006 To: month 12 year 2008
3. Do/did you directly hire, evaluate, train, and discipline employees? No  Yes
4. Do/did you directly manage/supervise employees on a daily basis? No  Yes   
If you answered yes to question number 4, how many employees do/did you manage? 2
5. Have you ever developed a comprehensive business plan? No  Yes

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

Name	City	State	Zip	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 Tishanna Leann Jones Company name Burger King  
Company address 1125 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-9921  
Type of business (deputy registrar, retail grocery, etc.) Food Service

Management/supervisory duties Customer service, order processing, store hygiene, food preparation, new employee training, assist manager on duty.

MANAGER OR SUPERVISOR - Job title: Howard Bowlds - Store Manager

1. Title of position Crew Leader Hours worked weekly? 20
2. Dates this position was held: From: month 8 year 1998 To: month 9 year 1999
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? 4
5. Have you ever developed a comprehensive business plan? No  Yes

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

Name	City	State	Zip	Daytime Phone

### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Tishanna Leann Jones Company name Eaton License Bureau  
Company address 550 N Barron Steet City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-9444  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Clerk

Hours worked weekly 36 Job duties Process and issue drivers license, state identification cards and vehicle registrations in accordance with applicable state and federal laws. Perform eye examinations and out of state vehicle inspections. Maintain an Ohio Notary commission.

Dates of this employment: From: month 9 year 2009 To: month 1 year 2012

Describe how and to what extent **you provided high quality customer service** at this position:  
Greeted customers in a friendly and personable way. I would strive to handle every transaction with the highest level of enthusiasm and professionalism. I would go out of my way to ensure all of my customers questions and concerns were answered.

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 Tishanna Leann Jones Company name US Bank Corp  
Company address 1302 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-8030  
Type of business (deputy registrar, retail grocery, etc.) Bank

EMPLOYEE - Job title: Teller  
Hours worked weekly 40 Job duties Responsible for customer satisfaction through daily transactions, customer education, balance and order money on a daily basis, balance and managed the ATM inventory.

Dates of this employment: From: month 9 year 2008 To: month 8 year 2009

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

I actively evaluated customer accounts during transactions to determine if new financial products would serve them better. Provided a personable greeting to establish a friendly environment. Always provided responses to questions.

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

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### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Tishanna Leann Jones Company name CVS Pharmacy  
Company address 1300 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-6255  
Type of business (deputy registrar, retail grocery, etc.) Retail sales

EMPLOYEE - Job title: Clerk  
Hours worked weekly 38 Job duties Customer service, product stocking and facing, cleaning the store, product labeling, unloading product deliveries, assist pharmacy as required.

Dates of this employment: From: month 12 year 2005 To: month 4 year 2006

Describe how and to what extent you provided high quality customer service at this position:  
Provided a friendly atmosphere for customer transactions. Assisted customers in finding required goods and services. Locate goods within store and order items for customers.  
Assisted customers with photo processing of film, photo editing and printing of digital photos

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 Tishanna Leann Jones Company name Your Flower Shop  
Company address 200 E Main Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-4645  
Type of business (deputy registrar, retail grocery, etc.) Floral services

EMPLOYEE - Job title: Florist and Delivery driver

Hours worked weekly 38 Job duties Customer service in showroom, placed/received orders with other flower shops, placed inventory orders and assisted customers in design. I was responsible for product deliveries and shop cleanliness.

Dates of this employment: From: month 6 year 2001 To: month 11 year 2005

Describe how and to what extent you **provided high quality customer service** at this position:  
Provided a friendly and emotionally appropriate atmosphere for customers to design and order arrangements. Would demonstrate flowers in a grouping to assist customers with product selection. Would set up arrangements for a timely delivery.

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 Tishanna Leann Jones Company name Brennan's Food  
Company address 602 Commerce Street City Lewisburg  
State Ohio Zip 45338 Telephone ( ) Out of Business  
Type of business (deputy registrar, retail grocery, etc.) Retail grocery store

EMPLOYEE - Job title: Clerk  
Hours worked weekly 16 Job duties Operated cash register, assisted customers, faced shelving and rotated products. Cleaned store and customer areas.

Dates of this employment: From: month 4 year 2003 To: month 5 year 2005

Describe how and to what extent you provided high quality customer service at this position:  
Greeted customers to provide a friendly atmosphere. Provided product locating services to customers and even contacting the owner to order special items if requested by a customer.

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 Tishanna Leann Jones Company name JMS Custodial Services  
Company address 975 S Franklin Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 533-3543  
Type of business (deputy registrar, retail grocery, etc.) Janitorial Services

EMPLOYEE - Job title: Crew Member  
Hours worked weekly 18 Job duties Cleaning of employee areas of an industrial factory. Cleaning of lunchrooms, break rooms and restroom areas.

Dates of this employment: From: month 1 year 2001 To: month 6 year 2001

Describe how and to what extent **you provided high quality customer service** at this position:  
Always strived to provide the best cleaning services possible. Double checking all my work to ensure all areas were clean and clear of any clutter. Ensured all of my supplies were properly stored at the end of my shift.

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 Tishanna Leann Jones Company name Arby's  
Company address 1715 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 937 ) 456-1021  
Type of business (deputy registrar, retail grocery, etc.) Food Service

EMPLOYEE - Job title: Crew member  
Hours worked weekly 18 Job duties Customer Service, order processing and food preparation.

Dates of this employment: From: month 11 year 2000 To: month 12 year 2000

Describe how and to what extent you **provided high quality customer service** at this position:  
Provided a friendly and clean atmosphere for customers. Never rushed customers to allow them to make un-pressured decisions. Offered order combinations to provide the highest value to customers. Strived for customer satisfaction.

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 \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

### 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 Tishanna Leann Jones Company name Cassano's Pizza  
Company address 1316 N Barron Street City Eaton  
State Ohio Zip 45320 Telephone ( 888 ) 294-5464  
Type of business (deputy registrar, retail grocery, etc.) Food Service

EMPLOYEE - Job title: Crew Member  
Hours worked weekly 18 Job duties Customer service, order processing,  
store cleanliness and food preparation.

Dates of this employment: From: month 9 year 1999 To: month 10 year 2000

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

Provided a friendly and clean atmosphere for customers. Never rushed customers to  
allow them to make un-pressured decisions. Offered order combinations to provide  
the highest value to customers. Strived for customer satisfaction.

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

### 3.3 CUSTOMER SERVICE EXPERIENCE

**Instructions.** Please give us a list of ideas you have to improve customer service at your deputy registrar agency. You will only receive full credit if you demonstrate sufficient customer service awareness.

- A. This is a list of ideas I have to improve customer service at my deputy registrar agency if I am awarded a contract (Please be specific) and/or this is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

While continuously striving for the goals of reduced wait times, high accuracy and friendly customer services I believe there is always opportunity for improvements. Constant customer service observations are held at my facility, small adjustments and operational corrections happen throughout the business operation.

Some practices I believe could be highly impactful include prescreening customers while they wait to have their number called. Making contact with customers as soon as they enter our facility to ensure they have all appropriate documentation for their desired transaction, thus affording staff the opportunity to immediately let a customer know their time is highly valuable to us as well as their satisfaction. This action alone if a wait exists allows customers to be more confident, that after reaching the counter they will obtain the services they have requested. Ultimately alleviating the fear of being turned away at the counter. Managing forms during initial greetings where customers could prepopulate them with allowable information, prior to reaching the counter can reduce transaction times, allowing customers to exit quicker increasing throughput.

Providing seating and comfortable standing options to customers to provide the most comfort during short waits along with a relaxed atmosphere helps alleviate tensions that could develop. I would like to update my customer waiting and front-line areas of my facility, to improve customer aesthetics and increase our behind counter efficiency to further reduce transaction times.

Finally, I have updated the security and safety protocols within my facility to benefit my customer base. Updates include the camera system to increase the amount of viewable angles and increase the video quality. This action has increase security for the customers should an individual become irate and cause harm to others within my facility. While also providing an increased layer of protection for all people involved with business at this establishment. First aid and CPR training/certification and blood born pathogen training for all personnel would provide an unseen level of service to the customer base. Should an incident arise within the facility the staff would have a better base knowledge to provide more imperative information to first responders, while being more prepared to handle and secure the scene. While this may not be directly associated with our assigned tasks it is my belief we should be as prepared as possible to take care of our customers needs as quickly and accurately as possible. This allows us to provide the best all around service to our community.

**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: Tishanna Leann Jones

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		✓		✓		✓		✓

**Form 3.5, Political Contributions Report (2026)**

### 3.6 PERSONNEL POLICY

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

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

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

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

### 3.7 SECURITY PLAN SUMMARY

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

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

Yes  No

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

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

### 3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

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

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

### 3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

I plan to maintain a regular and consistent active presence by being on site at least 36 hours per week to assist and continually train of personnel. I will continue to maintain a strong management team by incorporating experience competent people to make critical frontline decisions. My team and I will maintain a strong line of communication at all times regardless of my presence. In addition to continual on the job training, regular meetings will be held to discuss key items and initiatives required to maintain top tier office operations.

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?

Maintaining up to date training and awareness of all broadcasts to ensure current compliance while seeking the states assistance when exposed to an unknown situation. Thorough training of state manuals and guidance document and open communication with staff. Management also reviews completed applications actively seeking errors or lapses in training to be addressed accordingly.

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

Thorough training of personnel for fraud document detection will be a first line of defense. Each workstation has within arm's length a black light for checking documents and cash. Management review of identification documents shall occur as clerks issue transactions. If questions arise during the verification process an investigative review will be initiated per the manual. I have recently updated my camera system to include more cameras and some of them now include sound.

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 the new and revised changes will be printed out the day of issuance. My staff will initial off on the information given in the broadcast to indicate that they understand the new/change in policy or procedure. Should any confusion or questions arise a team meeting or contacting field staff will be done to resolve the issues as quickly as possible.

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

I will be actively involved with my staff on a normal basis. I will have regular meetings with my team to discuss issues and ensure we are working as a team to provide the highest quality customer service while maintaining the highest possible standards of state requirements. By being an active participant in daily activities I will be readily available to my team leading through example and supporting them as they may require. I feel this encourages a close knit group and helps boost morale in a small business environment.

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

I will strive to conduct myself in such a manner to be the example for my employees while being actively observant to the activities in the office to respond immediately to irate customers or extreme circumstances. Continuing my contact with other professionals and seeking self-improvement to bring into my professional life will always be a personal desire.

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

I recruit through many mediums to provide the widest candidate pool, recruitment by word of mouth and job listing services are just a few. Finding individuals whose desires and goals can be fulfilled and obtained through this position is a key factor in employing a happy employee for longevity. Once an employee is hired, pay is provided compensatory to their experience and fringe benefits are included. I encourage my employees in their endeavors and try to assist them when possible. Providing a positive, calm atmosphere and treating employees individually the best I can has been a proven approach to maintaining experienced personnel.

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

The office will be cleaned daily with highly touched surfaces being cleaned multiple times throughout the day. Safety is a high priority, and I will actively monitor for unsafe conditions and act immediately. My staff will be encouraged to report any conditions that create a concern to me for immediate attention. We will maintain a high level of professionalism and respect towards each other and the customers.

9. How would you deal with an irate customer?

I respond to irate customers with a calm collected demeanor and respectful tone. I don't like to assume anything, so I prefer that the customer repeat their need to me so I can make sure I respond appropriately. When necessary, follow up questions are asked and the customer is respectfully talked through the request step by step. On the rare occasion a request can not be completed in some form, a full explanation is provided to the customer. In very rare and extreme instances, should a customer become excessively irate or unruly after aforementioned steps have been completed a customer may be asked to leave or the local law enforcement, with whom close relations are maintained, may be notified.

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

I have employee meetings where we discuss how to manage irate customers. These discussions with employees include attempting to listen to their way through an issue and who they should contact to intervene on an irate situation. My advice to my employees is to always be respectful and when they feel like they need help to seek out that help.

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

I will strive for professionalism, accuracy and efficiency in all aspects of this business. Excellent customer service is a requirement not an option. I will maintain well trained, polite and professional employees through out my contract. Maintaining an organized and clean office for customers and employees activity will be a standard, along with organized record keeping for the BMV.

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

As a born native of Preble County, I have worked for over 26 years in customer service in this area. Since entering customer service as a teenager I have learned a great deal in the proper care of customer needs. How to resolve conflict and provide a fair resolution. I have enjoyed many interactions with the people of this area. I have truly enjoyed working at the BMV with everyone on both sides of the counter. It is my desire to provide outstanding customer service to the people of this town and region.. I will strive to maintain staff as dedicated as I am to ensuring this occurs. If given the opportunity to continue to serve as Deputy Registrar I plan to provide these services for many years to come to the community I was raised in and grown to love.

**3.10(A) AFFIDAVIT OF INDIVIDUAL**

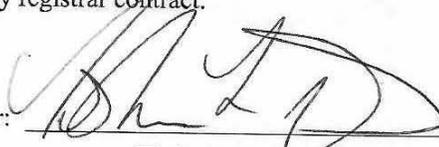
(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of Preble :

State of Ohio :

I, Tishanna Leann Jones, being first duly sworn, depose and say that:

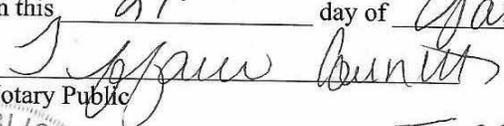
- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, 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: 

Printed/typed name of proposer: Tishanna Leann Jones

Sworn to and subscribed in my presence by the above named Tishanna Leann Jones

on this 27<sup>th</sup> day of January, 2026

  
Notary Public

Printed name of Notary Public: Tiffani Corbett

My commission expires: 6/12/2027



## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Tishanna Leann Jones

Location Number 68-A

Proposer Number (BMV use only) \_\_\_\_\_

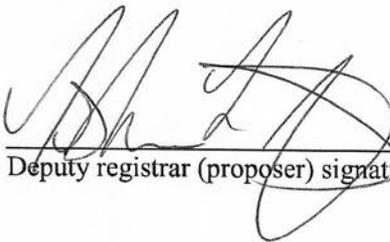
**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

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>13,437.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Tishanna Leann Jones Location number: 68-A

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

  
\_\_\_\_\_  
Deputy registrar (proposer) signature

Date: 1-27-26

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Tishanna Leann Jones Location number: 68-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.

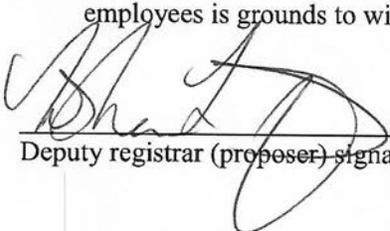
(B) CHECK WHICHEVER APPLIES:

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
Tishanna L Jones	16
Sharon Arnett	20
Tiffani Cornett	9
Makayla Potts	4
Jami Gable	3

(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: 1-27-26

**Form 4.2, Experienced Employees Summary (2026)**

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Tishanna Leann Jones Location number: 68-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	36.00	N/A	N/A	N/A
Office Manager <small>(leave blank if the Deputy Registrar is also the Office Manager)</small>	36.00	\$ 18.00	\$ 648.00	\$ 2,592.00
Assistant Office Manager	36.00	\$ 14.00	\$ 504.00	\$ 2,016.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>3</u>	108.00	\$ 11.50	\$ 1,242.00	\$ 4,968.00
New Hire Employees Total Number (combine Full-time & Part-time) = _____				
<b>TOTALS</b>	<b>216.00</b>	<b>N/A</b>	<b>\$ 2,394.00</b>	<b>\$ 9,576.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Tishanna Jones Location number: 68-A

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.

\$ 9,576.00

### 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	\$	<u>                    </u>
2. Counter Costs	\$	<u>                    </u>
3. Other Costs	\$	<u>                    </u>
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.**

\$ 0

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

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

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

One month's rent: \$ 1,287.00 x 3 = \$ 3,861.00

### TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent]

\$ 13,437.00

**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 Tishanna Leann Jones \_\_\_\_\_, (deputy registrar, herein) whose

 \_\_\_\_\_

\_\_\_\_\_ create a deputy registrar agency, Location No. 68-A \_\_\_\_\_, to be located as follows: in the State of Ohio, County of Preble \_\_\_\_\_

City/Village/Township (indicate which) City \_\_\_\_\_ of Eaton \_\_\_\_\_

Street address: 550 N Barron Street \_\_\_\_\_

(City) Eaton \_\_\_\_\_, Ohio (Zip) 45320 \_\_\_\_\_

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

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

**NOW, THEREFORE, IT IS AGREED AS FOLLOWS:**

1. The Registrar hereby appoints the above named person as a deputy registrar subject to the 2026 Deputy Registrar Contract Terms and Conditions which are incorporated herein by reference;
2. The above named person hereby accepts appointment as a deputy registrar subject to the 2026 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the **28<sup>th</sup>** day of **June, 2026**, and shall end on the **28<sup>th</sup>** day of **June, 2031**, unless otherwise terminated as provided herein;

