

PAYROLL COMPARISON – 2025

Proposer Name: Brooke Work

Evaluator Printed Name: Miles Grubert

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
Highest Rate	60.00					
Lowest Rate	12/h					
Number of Hours Recommended	255					
Number of Hours Proposed	255					
Total Monthly Wages	\$12,600					

Comments:

PERSONAL EVALUATION (2025)

Brooke Work
60-A / 25011
Muskingum County, Zanesville
BMV Site

Evaluation Team Number: _____

Location(s) Proposed: (#1) 60-A _____

Proposed as 2nd Location _____

Verify Proposer's Full Name: (#2) Brooke Allyson Work

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

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

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

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

SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>60</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: _____

Evaluators' Signatures

Evaluators' Printed Names

Date

(1) Miles J. Grillist Miles J. Grillist 03.08.25

(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: Marion County License Bureau

Relationship: _____

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: _____

From (date): 2011 To (date): 2025 Length: _____

Verified Hours _____ = Factor 1 x Years 14 x Points 50 = 700

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.	Morgan County License Bureau	#	NA	=	1.0	x	19	x	50	=	700	X
B.		#	NA	=	1.0	x		x	50	=		
C.		#	NA	=	1.0	x		x	50	=		
Subtotal of 13-A, 13-B & 13-C =												

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

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

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

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

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

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

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

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

17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

PERSONAL EVALUATION

OK NO

18. Form 3.3 – Customer Service Experience

Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?

2

0

19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)

A. Are funds in acceptable financial institution and verified with bank/teller stamp?

5

*

B. Are funds in proposer's or proposer's business name or joint with spouse?

5

*

20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)

Did proposer mark "NO" for every category, every year?

(For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)

5

*

21. Form 3.6 – Personnel Policy Summary

Does proposer agree to provide/maintain a written personnel policy covering the following:

A. Hiring employees with deputy registrar agency experience?

B. Equal Employment Opportunity?

C. Employee training by the deputy registrar?

D. Participation in BMV provided training?

E. Evaluation of employee performance?

F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?

G. Progressive disciplinary steps?

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)?

11

0

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

28

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

Comments:

PERSONAL EVALUATION

OK NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:

- | | | |
|--|----|----|
| A. An electronic alarm system? (Mandatory) | | |
| B. Alarm system monitored 24 hours, off-site? (Mandatory) | | |
| C. Alarm system reports off-site if wires cut or tampered with? (Mandatory) | | |
| D. Adequate alarm monitored panic/hold-up buttons? (Mandatory) | | |
| E. Motion detectors connected to alarm system? (Mandatory) | | |
| F. Alarm monitored contacts on all exterior doors? (Mandatory) | | |
| G. Alarm monitored contacts on all exterior windows? (Mandatory) | | |
| H. Video recording camera surveillance system? (Mandatory) | | |
| I. Safe or secured locking cabinet? (Mandatory) | | |
| J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory) | 13 | * |
| K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory) | | |
| L. All doors and all windows will be securely locked when license agency is closed? (Mandatory) | | |
| M. Smoke, fire, and carbon monoxide detection devices (Mandatory)? | | |
| N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO | OK | NO |

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:

- | | | |
|---|---|---|
| A. Indoor/Outdoor maintenance and cleaning? | 1 | 0 |
| B. Prompt snow and ice removal? | 0 | 0 |
| C. Carpet and/or floor cleaning (if appropriate)? | 0 | 0 |
| D. Repainting? | 0 | 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?	0		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?	0		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?	0		0
6. How will you maintain a high level of professionalism each day in this business?	0		0
7. How do you intend to recruit and retain high quality employees?	0		0
8. How will you provide a safe, clean, and friendly place to do business?	0		0
9. How would you deal with an irate customer?	0		0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	0		0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	0		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?	0		*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	0		0
27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation			
No disqualifying convictions for individual / AOI for nonprofit corporation?	0		*

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

27

OPERATIONAL EVALUATION (2025)

Brooke Work
60-A / 25011
Muskingum County, Zanesville
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	X	
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>255</u> Proposed: <u>255</u>	(4)	*
	B. Work Hours and Pay Calculated Correctly	2	(0)
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 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>18,485</u> On Deposit (Form 3.4): \$ <u>54,477.23</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) 38

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

Comments: Math not correct in experienced employees' line

Evaluators' signatures	Printed names	Date
(1) <u>[Signature]</u>	<u>Mites J. Grillitt</u>	<u>03.03.27</u>
(2) _____	_____	_____

Operational Evaluation (2025)

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Brooke Allyson Work

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		
2025 Credit Report	✓		N/A	X	1	2025 Certificate of Good Standing		
2025 Local Law Enforcement Report	✓		2025 Local Law Enforcement Report			Articles of Incorporation		
2025 WebCheck Receipt	✓		2025 WebCheck Receipt			N/A	X	1
Pre-approval Statement for \$25,000 Bond	✓		Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond		
INDIVIDUAL			COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

3.1 PERSONAL QUESTIONNAIRE

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

60-A

2. Full legal name of proposer Brooke Allyson Work

3. Proposer's street address [REDACTED]

City [REDACTED] State Ohio Zip code 43756

4. County of residence (nonprofit corporation county of operation) Morgan

5. Daytime telephone [REDACTED]

6. Proposer's driver's license [REDACTED]

7. Spouse's name [REDACTED]

8. Spouse's business address [REDACTED]

City [REDACTED] State Ohio Zip code 43756

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 Morgan High School

City McConnelsville State Ohio Zip 43756

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

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 ☒

I have used Quickbooks for the past 13 years.

I have used the BMV computer systems for the past 27 years.

I have used the BMV computer systems for the past 27 years.

- [illegible]

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

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 Brooke Allyson Work Company name Morgan County License Bureau
Company address 4676 N ST. RT. 60 NW City McConnelsville
State Ohio Zip 43756 Telephone (740) 962-3334
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services Sell license plates, stickers, bolts

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 36
3. Dates you operated this business: From: month Dec year 2011 To: month June 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? 3
8. Have you ever developed a comprehensive business plan? No ✓ Yes

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

[REDACTED]

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 Brooke Allyson Work Company name Juxebox Pizza

Company address No Longer in Business City McConnelsville

State Ohio Zip 43756 Telephone () _____

Type of business (deputy registrar, retail grocery, etc.) Restaurant/Pizza Shop

Management/supervisory duties Run the shop in the absence of owner. Schedule employees,
Hiring and training, receive all supply orders, inventory,

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Manager Hours worked weekly? 46

2. Dates this position was held: From: month May year 1994 To: month Jan year 1998

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? 10

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.)

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 _____ Company name _____

Company address _____ City _____

State _____ Zip _____ Telephone () _____

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

EMPLOYEE - Job title: _____

Hours worked weekly _____ Job duties _____

Dates of this employment: From: month _____ year _____ To: month _____ year _____

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

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):

As a current deputy of a smaller agency it has allowed me an opportunity to watch and listen a little more to what customers are actually saying.

It takes just a smile at first encounter to set a tone for your interaction. I would instill in the employees that it is so very important to remember, that the customers dont know our job any more than we could possibly know someone elses. They need us to be informative and helpful.

It is very important to "read" your customers. I like to help my staff understand small things to pick up on, to catch what each customer would need as an individual, to make their experience with our office a good one where they left satisfied with a smile and feeling like they were appreciated for their business and treated with respect.

I think one of the biggest things that I now do and am most passionate about that I would want to make sure is policy if elected this office, is

1. When a person calls or comes in and are a surviving spouse or relative in general, it is so important to take a moment and tell them you are sorry for their loss before launching into asking for documents. This is a traumatic time for them as it is, and they need us to help them with these things they often have no idea what they need to do.

2. We thank every veteran for their service when we are helping them. Everyone likes to know they are appreciated.

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: _____

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 2022		JAN 1 - DEC 31 2023		JAN 1 - DEC 31 2024		2025 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 (2025)

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 have always been and will continue to be available in or out of the office to my staff. When I am away they have multiple ways to reach me with any questions or concerns and are encouraged to reach out even if they just need me to assure them they are doing transaction the correct way.

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?

First, you must lead by example. Require proper documents, follow the rules set in place. By being out amongst the terminals you do have the advantage of helping staff. Making sure that they all understand not only what the rules and regulations are but the reasoning behind the importance of those rules. Training on how to utilize the manuals is very helpful.

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

Security cameras that are placed to be able to see all angles and views of the documents, cash drawers and inventory can be monitored at all times. By making sure staff understand the need for honesty, and the consequences by myself and possible law enforcement if need be enforced.

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 broadcasts and emails are printed off and set in a specific place to be read and initialed. If you are absent from work a day you are required to check upon returning if there are any new ones. If they are of policy changes the most important portions will be highlighted to make them stand out more and be quicker to find.

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

First and most important should be by example. Show employees respect and kindness, and that I would never ask them to do a job that I myself would not be willing to do right along side of them. Be encouraging and positive.

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

While I want to have a place of employment that my staff enjoys coming to, there are some things and actions that just aren't appropriate to talk about and / or do at work. Again, leading by example is the best way to keep a professional, courteous outlook.

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

I have used local job agencies in the past. Also by word of mouth to hear of people that could possibly be an asset to the office. Offering a comfortable safe working place that is encouraging and with flexibility to hours needed. Competitive wages, along with incentives and opportunities for bonuses.

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

1. Safe by the installation of security cameras, panic buttons along with smoke and carbonmonoxide detectors. By keeping in mind that some people have small children and making sure nothing is within their reach that could be harmful.

2. Clean by on a daily basis keeping office free of debris, tidy and light cleaning so it looks pleasing to the customers.

3. Friendly is simply a smile and a kind disposition with an outward sign of wanting to be helpful.

9. How would you deal with an irate customer?

You must keep calm to not escalate the situation. Most issues are often caused by a misunderstanding of information. Make sure they know you are listening to their take on the situation and you would do as much as possible to help them and give them options on what they can do or even documents they could use

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

It is important to go over with employees how to remain calm, explain different situations and I encourage them to always be watchful when they are themselves or are watching other customers in different establishments to see how things are handled and if they were impressed and enlightened or found it unprofessional or not handled well at all and to utilize that at their job and to feel free to share with us. My employees know they are not expected to be verbally abused and i will step in and help at any time to diffuse the situation and hopefully have a positive outcome for the customer and them.

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

I believe the expectations are to represent the BMV always in a positive manner, to be honest, respectful and to follow the regulations to my very best ability and understanding.

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

I have worked for the Bureau for 27 years in both a Manager and Deputy capacity. In my current agency, I feel that I have built up a business office that I am very proud of, that I am continually told by customers how much they love coming there and are very appreciative of the service and helpfulness they always receive there. I would appreciate to have the opportunity to better myself and my household by running a larger agency. I have a love for the job and and I thrive on customer service.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Morgan :

State of Ohio :

I, Brooke Allyson Work, 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:

Brooke Allyson Work

Printed/typed name of proposer:

Brooke Allyson Work

Sworn to and subscribed in my presence by the above named

Brooke A. Work

on this

24th

day of

January

, 2025

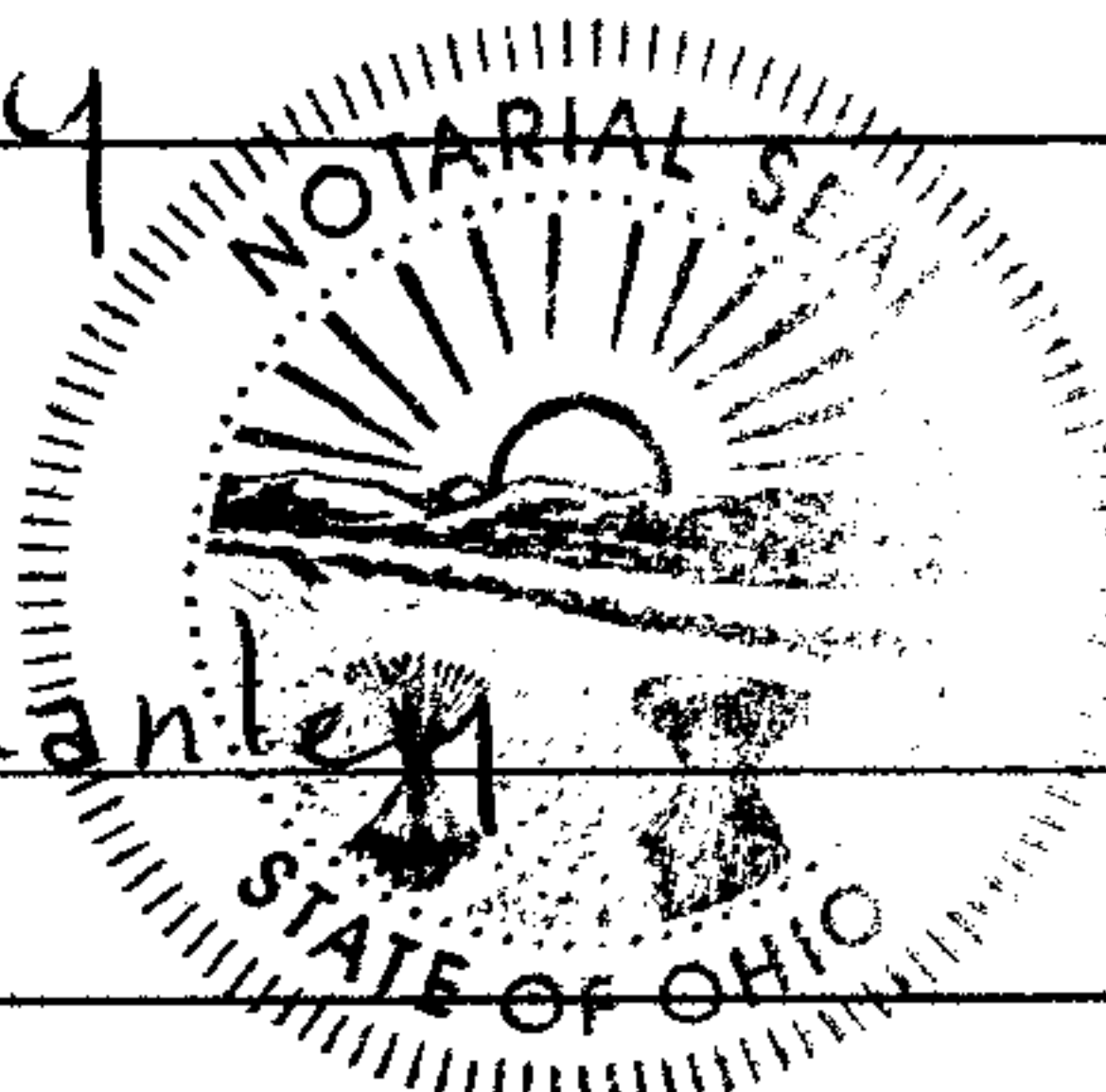
Notary Public

Printed name of Notary Public:

Mindy Manley

My commission expires:

Feb. 04, 2026



4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Brooke Allyson Work

Location Number 60-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>18465.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Brooke Allyson Work Location number: 60-A

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

Brooke Allyson Work
Deputy registrar (proposer) signature

Date: 1-24-2025

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Brooke Allyson Work Location number: 60-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.

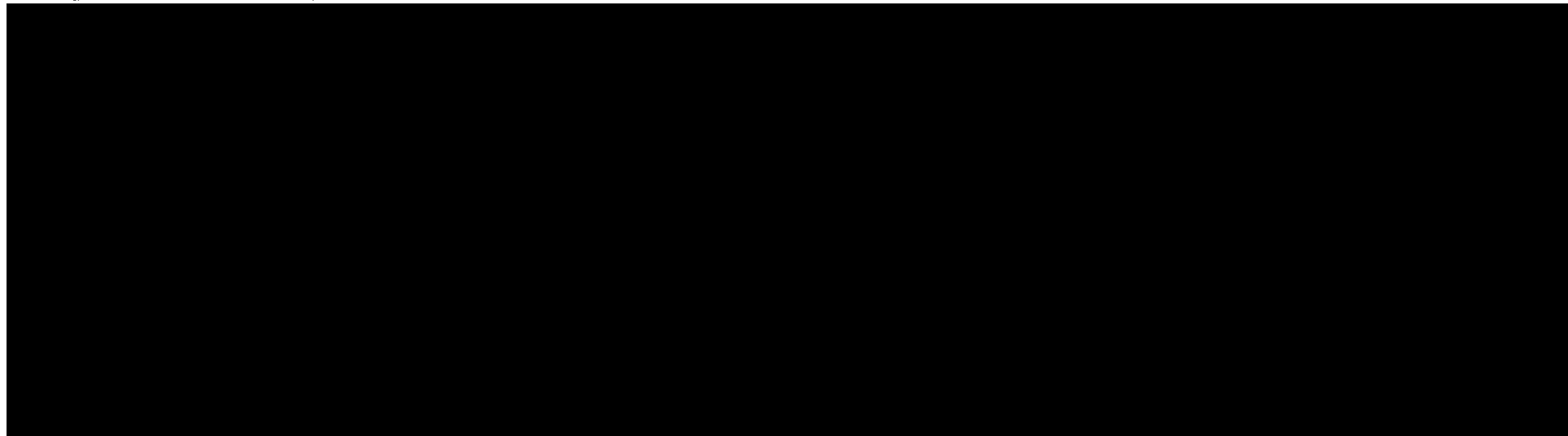
(B) **CHECK WHICHEVER APPLIES:**

☐

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):



(C) I understand that failure to hire properly qualified and experienced deputy registrar employees is grounds to withhold or terminate my deputy registrar contract.

Brooke Allyson Work
Deputy registrar (proposer) signature

Date: 1-24-2025

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Brooke Allyson Work Location number: 60-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 \$394,000 per year and \$10.70 per hour by businesses with gross receipts of \$394,000 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	\$ 15.00	\$ 540.00	\$ 2,160.00
Assistant Office Manager	36.00	\$ 14.00	\$ 504.00	\$ 2,016.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>5</u>	30.00	\$ 13.00	\$ 1,950.00	\$ 7,800.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u>	13.00	\$ 12.00	\$ 156.00	\$ 624.00
TOTALS	255.00	N/A	\$ 3,150.00	\$ 12,600.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Brooke Allyson Work Location number: 60-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.

\$ 12600.00

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.

\$ 0.00

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 1955.00 x 3 = \$ 5865.00

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]

\$ 18.465.00

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2025

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 Brooke Allyson Work

_____, (deputy registrar, herein) whose home mailing address is _____

(City) _____, Ohio (Zip) 43756

to operate a deputy registrar agency, Location No. 60-A

, to be located as follows: in the State of Ohio, County of Muskingum

City/Village/Township (indicate which) _____ Township _____ of Springfield

Street address: 2328 June PKWY

(City) Zanesville _____, Ohio (Zip) 43701

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 2025 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 2025 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 29th day of June, 2025, and shall end on the 29th day of June, 2030, unless otherwise terminated as provided herein;

Form 4.5, Deputy Registrar Contract (2025)

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

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2025 Deputy Registrar Contract Terms and Conditions incorporated herein.

Brooke Allyson Work
Deputy Registrar signature

01/24/2025

Date

STATE OF OHIO

COUNTY OF Morgan

Before me, a notary public in and for said county and state, personally appeared the above named Brooke Allyson Work, 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 24th day of January, 2025.

Mindy Manley
NOTARY PUBLIC



Printed name of Notary Public: Mindy Manley

My commission Expires: Feb. 04, 2026

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on
