PAYROLL COMPARISON - 2025

Proposer Name: Kari Vaculik

Evaluator Printed Name: Miler J- Grillist

Highest Rate Lowest Rate Number of Hours Recommended Number of Hours Proposed Total Monthly Wages	Location Number(s)							
Number of Hours Recommended 741 Number of Hours Proposed 768 Total Monthly Wages 15,712	Loc. 1 48-6	<u>Loc. 2</u>	Loc. 3	Loc. 4	<u>Loc. 5</u>	Loc. 6		
Number of Hours Proposed 768 Total Monthly Wages 15,712	#20/h			noon Harrison on				
Number of Hours Proposed 768 Total Monthly Wages 15,712	\$16/h	***************************************		× · · · · · · · · · · · · · · · · · · ·				
Total Monthly Wages	741							
	768					************		
Comments	15/712		CA COURT CASE OF COUNTY OF CO.					
Comments	15,712							
Comments:								
comments.	֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	48-6 122/h 116/h 241 768	Loc. 1 48-6 12/h \$16/h 	Loc. 1 Loc. 2 Loc. 3 120/h 16/h 741 768	Loc. 1 Loc. 2 Loc. 3 Loc. 4 12/h 16/h 741 768	Loc. 1 Loc. 2 Loc. 3 Loc. 4 Loc. 5 12/h 16/h 74/ 768		

PERSONAL EVALUATION (2025)

Kari Vaculik 48-G / 25033 Lucas County, Oregon 3018 Navarre Ave

Evaluation Team Number:	
Location(s) Proposed: (#1) 48-6	
Proposed as 2 nd Location	
Verify Proposer's Full Name: (#2) Kati Danielle V	raculik
Proposer's County of Residence (NPC Operation): (#4)	2 0
<u>Verify</u> Proposer's Driver's License Number: (#6)	
Proposing as Minority: (#9) Yes No	
Proposing as: (#10) Individual Clerk of Courts Co.	Auditor Nonprofit Corp
SCORING SUMMARY	
FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points): 15
PERSONAL EVALUATION, Page 2	(Max. 55 Points):
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):
PERSONAL EVALUATION, Page 5	(Max. 28 Points): 🛝
PERSONAL EVALUATION, Page 6	(Max. 17 Points):
PERSONAL EVALUATION, Page 7	(Max. 27 Points): 27
PERSONAL EVALUATION, Page 8	(Max. 15 Points):
TOTAL POINTS	(Max. 258 Points): 258
Comments:	
Evaluators' Signatures Evaluators' Pri	inted Names <u>Date</u>
(1) Mills J. Zailles J.	Totilliot 2.25.25
(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)	(3	*
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)	(3)	*
5.	Proposer is not a State of Ohio employee or will resign? (#19)	6	*
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)	Ō	*
8.	Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	1	*
9.	Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	(3)	*
10.	Proposer can meet bond requirements? (#24 and acceptable proof)	B	*
11.	Acceptable educational information OR nonprofit corporation? (#25)	(3)	0
12.	Proposer has computer training or experience? (#26)	(3	0
NO.	PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points)	55 tingency	
Com	nments:		

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verifia	at tel	ephone()
Company:		
Relationship:		
Verified experience as: Deputy Registra	r 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 <u></u>	x Points = 700
Person called:		ephone ()
Company:		
Relationship:		
Verified experience as: Deputy Registral	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 =

		ephone ()
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 AGENCY/COMPANY ITEM HOURS = FACTOR X YEARS X POINTS = SCORE **VERIFIED** A. Slyvania Licence Bureau 800 # NA = 1.0 x 6 x 50 X В. # NA = 1.0 50 Х Χ C. # NA = 1.0 50 Subtotal of 13-A, 13-B & 13-C = OTHER BUSINESS OWNERSHIP Experience, Form 3.2 ITEM AGENCY/COMPANY HOURS = FACTOR X YEARS X POINTS = SCORE **VERIFIED** Α. # 34 X Χ B. # 34 Χ Χ C. # 34 Subtotal of 14-A, 14-B & 14-C = SUPERVISORY / MANAGEMENT (ANY BUSINESS – INCLUDING DR) Experience, Form 3.2 ITEM AGENCY/COMPANY HOURS = FACTOR X YEARS X POINTS = SCORE **VERIFIED** Α. # X 25 Χ B. # 25 X Χ C. # = 25 Χ

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

Subtotal of 15-A, 15-B & 15-C =

TEM AGENCY	HOU	RS = FAC	TOR X YEA	RS X F	POINTS	s =	SCORE	VERIFIE
A.	#	=	X	X	23	=		
B.	#	==	Χ	X	23	=		
C.	#	=	Х	Х	23	=		
D.	#	=	Х	Х	23	=		
	Subto	otal of 16	-A, 16-B,	16-C &	16-D	=	Tel District	

17. O	THER EMPLOYMENT Experienc	e, Form	3.2						
ITEM	AGENCY/COMPANY	HOURS	= FA	CTOR X YEARS	x	POINTS	=	SCORE	VERIFIED
A,		#	=	Х	Χ	20	=		
B.		#	=	X	Χ	20	=		
C.		#	=	Х	Х	20	=		
D.		#	Ξ	Х	Х	20	=		
	Subto	tal of Li	nes 1	7-A, 17-B, 17-	C	& 17-D	=		4
	Total Other Empl	oymen	t Exp	perience #1	7 (Max.	30 F	oints) =	

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

Did	PERSONAL EVALUATION		
Did		OK	NC
	m 3.3 – Customer Service Experience		
	proposer provide acceptable list of ideas to improve customer service at a deputy istrar agency or provide an example of something done as part of a job or business mprove services for customers?	2	0
19. Forr	m 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Cou	ırts)	
-	Are funds in acceptable financial institution and verified with bank/teller stamp?	6	*
B. A	Are funds in proposer's or proposer's business name or joint with spouse?	B	*
20. Forr	m 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)	Š.	
	proposer mark "NO" for every category, every year? Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	(3	*
-	m 3.6 – Personnel Policy Summary es proposer agree to provide/maintain a written personnel policy covering the follow	ving:	
	Hiring employees with deputy registrar agency experience? Equal Employment Opportunity? Employee training by the deputy registrar? Participation in BMV provided training? Evaluation of employee performance? Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use? Progressive disciplinary steps? Dress code with list of acceptable attire? Dress code with list of unacceptable attire?	1	0

Comments:			
11			

17	115	PERSONAL EVALUATION	ок	NO
22.	Fo	rm 3.7 – Security Plan Summary - Did proposer agree to provide:		
	<u>A.</u>	An electronic alarm system? (Mandatory)		
	<u>B.</u>	Alarm system monitored 24 hours, off-site? (Mandatory)		
	<u>C.</u>	Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
	D.	Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
	<u>E.</u>	Motion detectors connected to alarm system? (Mandatory)		
	<u>F.</u>	Alarm monitored contacts on all exterior doors? (Mandatory)		
	<u>G.</u>	Alarm monitored contacts on all exterior windows? (Mandatory)		
	<u>H.</u>	Video recording camera surveillance system? (Mandatory)		
	1.	Safe or secured locking cabinet? (Mandatory)	A3	*
	J.	Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)	(1)3	
	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	Øĸ	NO
23.	For	m 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
	<u>A.</u>	Indoor/Outdoor maintenance and cleaning?	d	0
	В.	Prompt snow and ice removal?	A	0
	C.	Carpet and/or floor cleaning (if appropriate)?	0	0
	D,	Repainting?	(1)	0
NOT	E: S	PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) =	(7	
Com	men	ts:		_

		PERSONAL EVALUATION	ок	NO
24.	For	m 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?	9	0
	3.	What measures will you put in place to detect, deter, and prevent fraud?	0	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?	0	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?	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?	A	0
	11.	How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	9	0
	12.	Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	g	0
25.	For	m 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Co	rpora	tion
		Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful?	B	*
	B.	Is it the affidavit duly signed and notarized?	(3)	*
26.	Lo	cal Law Enforcement Report / Articles of Incorporation (AOI)		
	Α.	No disqualifying convictions for individual / AOI for nonprofit corporation?	(3)	*
	В.	No convictions (except minor traffic) / AOI for nonprofit corporation?	<u>(3</u>	0
27.		CI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation	75	*

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

- 8	PERSONAL EVALUATION	ок	NO
28.	Credit Report (issued in 2025) / Certificate of Good Standing for Nonprofit Corporation *Credit Reports are not required for County Auditors and County Clerks of Courts		
	A. Credit report submitted contains credit score?	0	0
	B. No tax liens (state or federal)?	Ø	0
	C. No judgments for the past 36 months?*	Ø.	0
	D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	(A	0
	E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	Â	0
	F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	ð	0
	* Exclude minor medical judgments and disputed items with good cause explanation.		
29.	The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)	3	0
	E: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract conti	ngency	
	TIETILS.		
			-
			-
			_
			-
			_

OPERATIONAL EVALUATION (2025)

Kari Vaculik 48-G / 25033 Lucas County, Oregon 3018 Navarre Ave

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	7	
	Proposed Work Hours Per Week 56	(5)	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	(3)	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	(2)	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: 241 Proposed: 268	4	*
	B. Work Hours and Pay Calculated Correctly	0	0
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)	O	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	B	0
	B. Adequate and Accurate Site Preparation Costs	8	0
	C. Adequate and Accurate Rental Payments	0	0
	D. Total Required: \$ 27, 362 On Deposit (Form 3.4): \$ 38, 2823	5	*
4.5	Deputy Registrar Contract		
9	A. Filled Out Completely and Properly	6	0
	B. Signed and Properly Notarized	3	0
NOTE: Score	OPERATIONAL EVALUATION POINTS (Max. 40 Points) a indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract	40 continge	ncy.
Comments	1		
Evalua	ators' signatures Printed names	Date	
(1)	iles J. Evilliot	2.25	725
(2)			

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

2025 FORMS

AND

INSTRUCTIONS

3.0 PERSONAL CHECKLIST

KARI DANIELLE VACULIK

Proposer's Full Legal Name	NALI	DAMELLE	VACU

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	✓	вму	COUNTY AUDITOR OR CLERK OF COURTS	√	вму	NONPROFIT CORPORATION	√	вмν
Form 3.0 Personal Checklist (this form)	1		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	ン		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	۷		N/A	x	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	٧		N/A	х	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	x	1	N/A	х	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	V		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	V		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	х	1	2025 Certificate of Good Standing		
2025 Local Law Enforcement Report	1		2025 Local Law Enforcement Report			Articles of Incorporation		
2025 WebCheck Receipt	~		2025 WebCheck Receipt			N/A	х	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: 48 G
2.	Full legal name of proposer KARI DANIELLE VACULIK
3.	Proposer's street address
	City State OHIO Zip code 43560
4.	County of residence (nonprofit corporation county of operation) LUCAS
	Daytime telephone
	Proposer's driver's
	Spouse's name (nor
8.	Spouse's home stre
	City State OHIO Zip code 43560
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.

Form 3.1, Personal Questionnaire, Page 1 of 6 (2025)

11. A .	Are you currently serving in a Auditor, either by election or app	Courts or)? (NPC N	County (A)			
	•	•	_	Yes		
В.	If YES, in what elective office a	re you serving?				
C.	If YES, date that you plan to lear	ve this office?				
12. A.	Are you currently running for an (including precinct committee pe			Yes	_ No_	<u> </u>
В.	If YES, what office?					, ,
13. A.	Are you currently a deputy regis	trar?		Yes _	_ No_	
В.	If YES, on what date does your	contract expire? JU	NE 29 2025	AND JUNE 30 20	29	
C.	If YES, have you served as a depsince January 1, 1992?	puty registrar contin	nuously	No _	_ Yes_	
14. A .	Is your spouse currently a deputy	y registrar? (NPC N	I/A)	Yes	No	v _
В.	If YES, on what date does your	spouse's contract ex	cpire?			
daugh	e following three questions, exteter, father-in-law, mother-in-law,	brother-in-law, sist	er-in-law, s	on-in-law, or da	ughter-in-l	aw:
15. A .	Does any member of your extension N/A)	ended family curre	ntly hold a	Yes		
В.	If YES, list their name, relation their contract expires here:	nship to you, whe	her you sha	are the same ho	ousehold, a	nd date
N	ame	Relationship	Same	Household	Contract	Expires
			Yes	No		
			Yes	No		
_				No		
 16. A.	To the best of your knowledge,		 f your exten	No ded family		
	submit a proposal in response to	this RFP? (NPC N	I/A)	Yes	No	/

Name Relationship		ame Household
		s No s No
		s No
		s No
A. Is any member of your extended family employed by any sub- Public Safety? (NPC N/A)		
	Yes	_ No
B. If YES, list their name, relationship to you, and the date they be Name Relationship		oyed: mployment Da
A. Have you completed the Political Contributions Report, Form (NPC must submit one for NPC itself and one for its C.E.O.)		Yes
D. ICONO II Country And	litor? No	Yes
B. If "NO," are you applying as a Cierk of Courts of County Aud		
	Yes	
A. Are you an employee of the State of Ohio? (NPC N/A)	Yes	
A. Are you an employee of the State of Ohio? (NPC N/A) B. If "YES," will you resign, if appointed? Are you an insurance company agent, writing automobile insurance	Yes No	NoYes
A. Are you an employee of the State of Ohio? (NPC N/A) B. If "YES," will you resign, if appointed? Are you an insurance company agent, writing automobile insurance (NPC N/A) Has Proposer (including NPC and proposed office manager) been of a crime punishable by death or imprisonment in excess of	Yes No ce? Yes convicted within	No
A. Are you an employee of the State of Ohio? (NPC N/A) B. If "YES," will you resign, if appointed? Are you an insurance company agent, writing automobile insurance (NPC N/A) Has Proposer (including NPC and proposed office manager) been of a crime punishable by death or imprisonment in excess of	Yes No ce? Yes convicted withing one year (feld	YesNo
B. If "NO," are you applying as a Clerk of Courts or County Aud A. Are you an employee of the State of Ohio? (NPC N/A) B. If "YES," will you resign, if appointed? Are you an insurance company agent, writing automobile insurance (NPC N/A) Has Proposer (including NPC and proposed office manager) been of a crime punishable by death or imprisonment in excess of involving dishonesty or false statement? As of the date of this certification does Proposer owe are compensation contributions, social security payments, or workers the State of Ohio or any political subdivision thereof, or to the feet	Yes No ce? Yes convicted within one year (feld Yes y overdue tax s' compensation	No

Form 3.1, Personal Questionnaire, Page 3 of 6 (2025)

23. Is Proposer willing and able, if appropriate policy of business liability property hold the Department of Public Safety and the Registrar of Motor Vehicles Revised Code 4503.03(C)? (County Association of the Code Association of the Proposer willing and able, if appropriate policy are also appropriate policy and able able policy and able able able and able able able able able able able able	damage, a , the Direct harmless	nd theft insurance sa ctor of Public Safety, upon claims for dam	tisfactory to the the Bureau of I	e Registrar Motor Vehi	and
1041300 Code 4505.05(C): (Codiny 1	ruanon en	an or cours ivily	No	Yes	_
24. Is Proposer bondable as outlined in O 4501:1-6-01(B)?	hio Admir	nistrative Code	No	Yes	
25. Please provide the following information for the	ation regar he individu	ding your education. al who will manage t	If applying as he license agen	s a NPC, pl cy business	lease
High school diploma?			No	Yes_	
High school name SYLVANIA	A NOF	RTHVIEW H	IGH SC	HOOL	
City SYLVANIA	State	OHIO	Zi	_。 4356	0
College name BOWLING	GREE	N STATE U	NIVERS	ITY	
City Bowling Green	State	OHIO	Zi	4361	6
College name BOWLING College name Bowling Green City Business/Dance	Edu	Degree awarded	1A		
College name					
City	State		Zi	p	
Major	<u> </u>	Degree awarded			
26. Computer experience. Does Proposition of the nonprofit corporations, this question the nonprofit corporation's activities.	istrars may should be	y take credit for ope	erating BMV of	computers. crated or use	For ed in

If "YES" please explain all computer experience in detail.
I was required to take computer class during highschool and college, this includes word, excel, google docs, and microsoft.
As a Deputy Registrar I have had 31 years of experiance including but not limited to the bass system,
Q flo, excel, google docs, microsoft office, team viewer, e-mail, and many ADP payroll systems.

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:

Form 3.1, Personal Questionnaire, Page 5 of 6 (2025)

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.

<u>Form 3.2(B) Management and/or Supervisory Experience</u>. 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.

<u>Form 3.2(C)</u> <u>Employee Experience</u>. Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.

Proposer's name KARI D VACULIK Company address 26611 N SUMMIT ST			ICENSE BUREAU
	City _	TOLEDO	
State OHIO Zip 43611	Telephone ()	NA
Type of business (deputy registrar, retail grocery, etc.)	DEPUTY REG	SISTRAR	
Company's products and/or services The bureau of motor veh	hicles is responsable for ta	king care of the res	sidents of Ohio.
Vehicle registrations, drivers licence and state id's, fingerprinting, fraud do			
BUSINESS OWNER - Form of ownership (sole propr	rietor, partner, etc.):	SOLE PRO	OPRIETOR
1. Federal Tax ID Number:	K I A		
2. Percentage of business you owned: 100		rs worked we	ekly 36
3. Dates you operated this business: From: month			
4. Is/was this business profitable?			Yes ✓
5. Is/was this business your primary source of inco	ome and support?	No 🗸	Yes
6. Do/did you directly hire, evaluate, train, and dis	scipline employees?	No	Yes 🗸
7. Do/did you directly manage employees on a dai			Yes
If you answered yes to question number 6, how	many employees d	o/did you maı	nage?5
8. Have you ever developed a comprehensive busi			Yes_
List at least one person, not a relative of yours, who cleast one person to verify this experience, you will re-	not receive any cre	erience. If we dit for it. (If verify that expended	you are a deputy

Proposer's name KARI D V	ACULIK	(Company r	name OREC	ON LICEN	ISE BU	REAU
Company address 3016 NA			C				
State OHIO	_ Zip	40040	Telephone ((419) _	698-	4100	· · · · · · ·
Type of business (deputy regis	trar, retai	l grocery, etc.	DEPUTY F	REGISTR	AR		
Company's products and/or sea							
Vehicle registrations, drivers licence and	state id's, fin	gerprinting, fraud o	toc handling, out of st	tate inspections	and boat regi	strations.	
BUSINESS OWNER - Form of	of owners	hip (sole prop	orietor, partner, e	_{etc.):} SOLI	E PROP	RIET	OR
1. Federal Tax ID Number							
2. Percentage of business y	ou owne	d: 100	%	Hours wor	ked weekl	у	36
3. Dates you operated this							
4. Is/was this business prof							_
5. Is/was this business you	r primary	source of inc	ome and suppor	rt? No	<u>/</u>	Yes_	
6. Do/did you directly hire	, evaluate	, train, and di	scipline employ	rees? No		Yes_	'
7. Do/did you directly mar	age empl	loyees on a da	nily basis?	No		Yes_	<i>V</i>
If you answered yes to	question r	number 6, hov	w many employe	ees do/did y	ou manag	e?	6
8. Have you ever develope							
List at least one person, not a least one person to verify this registrar or deputy registrar en	s experier	nce, you will	not receive any	experience. credit for	If we can	nnot co u are a	ntact at

Proposer's name KARI D V	ACULIK	Company name	SYLVANIA LIC	ENSE BUREAU
Company address 4900 N N		City <u>S</u>	SYLVANIA	
State OHIO	40500	Telephone (41	9)88	5-0201
Type of business (deputy regis	strar, retail grocery, et	c.) DEPUTY REG	ISTRAR	
Company's products and/or se				
BUSINESS OWNER - Form				
1. Federal Tax ID Number	[
2. Percentage of business	you owned: 100) % Hou	rs worked wee	ekly36
3. Dates you operated this	business: From: mont	th 3 year 2009	To: month _	6 year 2024
4. Is/was this business pro	fitable?		No	Yes 🗸
5. Is/was this business you	ar primary source of in	come and support?	No	Yes
6. Do/did you directly hire	e, evaluate, train, and o	discipline employees?	No	Yes_
7. Do/did you directly man	nage employees on a c	laily basis?	No	Yes ✓
If you answered yes to	question number 6, ho	ow many employees d	o/did you man	age?9
8. Have you ever develope			No	
List at least one person, not a least one person to verify thi registrar or deputy registrar er	s experience, you wil	l not receive any cre	dit for it. (If	you are a deputy

Proposer's name KARI D VAC Company address 3018 NAVAE			OREGON LIC	
	RRE AVE	City O	REGON	
	Zip43616			98-4100
Type of business (deputy registrar	, retail grocery, etc.)	DEPUTY REGI	STRAR	
Company's products and/or service	es The bureau of motor veh	icles is responsable for taki	ng care of the resi	dents of Ohio.
Vehicle registrations, drivers licence and state				
BUSINESS OWNER - Form of or	wnership (sole propri	ietor, partner, etc.):	SOLE PRO	PRIETOR
1. Federal Tax ID Number:				
2. Percentage of business you	owned: 100	% Hour	s worked wee	skly36
3. Dates you operated this bus				
4. Is/was this business profitab				Yes ✓
5. Is/was this business your pr	imary source of inco	me and support?	No 🗸	Yes
6. Do/did you directly hire, ev	aluate, train, and disc	cipline employees?	No	Yes_✓
7. Do/did you directly manage	employees on a dail	ly basis?	No	Yes ✓
If you answered yes to ques	stion number 6, how	many employees do	/did you man	age?8
8. Have you ever developed a				Yes_ ✓
List at least one person, not a relateration of the least one person to verify this ex	perience, you will n	an verify this exper ot receive any cred MV employees to ve	it for it. (If	you are a deputy

Proposer's name KARI E		Company name SYLVANIA LICENSE BUREAU				
Company address 4900 h			City _			
StateOHIO	Zip	43560	Telephone (4	19)	885-020	1
Type of business (deputy r	egistrar, retail	grocery, etc.)	DEPUTY REC	SISTRAR		
Company's products and/o	r services The bu	reau of motor vehic	les is responsable for to	aking care of the	e residents of O	hio.
Vehicle registrations, drivers licence	and state id's, finge	erprinting, fraud doc	handling, out of state in	spections and t	oat registration	ıs.
BUSINESS OWNER - For	rm of ownershi	ip (sole proprie	tor market at a	SOLE P	ROPRIE	TOR
1. Federal Tax ID Num	iber:					
2. Percentage of busine	ess you owned:	100	_% Ho	urs worked	weekly	36
3. Dates you operated to	this business: F	rom: month				
4. Is/was this business	profitable?			No	Yes	√
5. Is/was this business	your primary s	source of incom	ne and support?	No _	Yes	· · · · · · · · · · · · · · · · · · ·
6. Do/did you directly	hire, evaluate,	train, and disci	pline employees	? No	Yes	·
7. Do/did you directly	manage emplo	yees on a daily	basis?	No	Yes	
If you answered yes	to question nu	ımber 6, how n	nany employees o	lo/did you r	nanage?	9
8. Have you ever deve					Yes	
List at least one person, no least one person to verify registrar or deputy registra	this experience	e, you will no	t receive any cre	dit for it.	(If you are	a deputy

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 KARI D VACULIK		Company name PERRYSBURG LICENSE BUREAU			
Company address 2661		City PERRY	/SBURG		
State OHIO	Zip 43551	Telephone (419)	874-7474		
Type of business (deputy	registrar, retail grocery, etc	.) DEPUTY REGISTRA	AR		
Management/supervisory	y dunes	cluding opening and closing resi			
MANAGER OR SUPER	VISOR - Job title: Super	visor			
	Perrysburg License Burea		rked weekly? 36		
2. Dates this position	was held: From: month	6 year 1998 To: month			
3. Do/did you directl	y hire, evaluate, train, and d	iscipline employees? No	∨ Yes		
4. Do/did you directl	y manage/supervise employ	rees on a daily basis? No _	Yes		
If you answered y	es to question number 4, ho	w many employees do/did yo	ou manage? 6		
5. Have you ever dev	veloped a comprehensive bu	siness plan? No _	✓ Yes		
least one person to veri	fy this experience, you wil	can verify this experience. I not receive any credit for it	t. (If you are a deputy		
		()		

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 KARI D VACULIK			Company name PERRYSBURG LICENSE BUREAU		
Company address 2661			City PERRYSBURG		
State OHIO		43551	Telephone (419)	874-7474	
Type of business (deputy	registrar, reta	il grocery, etc) DEPUTY REGISTRA	AR	
EMPLOYEE - Job title:	CLERK				
Hours worked weekly	36	Job duties	processing all agency tra	nsactions including	
		ry republic, w	vatercraft processing, out o	of state inspections,	
vehicle registrations	s, dl/id proc	essing, ald	ong with handling custo	omer concerns	
Dates of this employment	: From: mon	th 4 y	rear 1992 To: month	6 year 1998	
Describe how and to wha	t extent you p	rovided high	quality customer service a	t this position:	
Working at a license bu	ıreau has alı	ways been a	blessing to me. Anytime	a customer had a	
concern or issue it was	my job and	priveledge to	assist. If I could just mal	ke one persons day	
it made my job wort	h while. P	atience is a	a must when working v	vith the public.	
least one person to verif	y this experie	nce, you will	can verify this experience. not receive any credit for its	t. (If you are a deputy	

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 deputy registrar I am committed to providing the best customer service possible. I am dedicated to providing guidance and assistance to every and all customers. Customer service to me is when a customer walks out of my business with what they need, feeling respected, and thinking that there visit was an enjoyable experience. Each and every customer will be given the opportunity to return to my office without waiting a second time. This type of customer service is also granted to any customer that comes in for an out of state inspection. Once they have obtained there new title they can return for there registration and plates without waiting. Customers that need special assistance will be handled personally by me or my manager/supervisor. As a deputy it is important to me that each and every customer is provided the best and professional service possible. A simple smile or thank you for your service to our military men and women means so much to them. It is my dedicated customers coming back year after year that make this job a blessing. If it were not for those customers I would not be in business. My office is a reflecion of me and each one of my employees. I am dedicated to my customers to extend my knowledge or a helping hand whenever needed. Special care could be helping them to there car, putting on there plates or renewal sticker, or helping them to log into the new Qflo system. I would not be the deputy I am today if not for my customers.

Form 3.3, Customer Service Experience (2025)

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

<u>Instructions</u> 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.

<u>County Auditors and Clerks of Court are exempt</u> 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	KARI D VACULIK	·	 	 	
Title	(if officer of nonprofit corporation):		 		
			 er	.16 3	

(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 "\sqrt{"}" in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT		DEC 31 22	JAN 1 - 20	DEC 31 23		DEC 31 024	202 To D	
	Yes	N_0	Yes	No	Yes	No	Yes	N_0
Democratic Party including PACs and Associations		'		~		~		~
Republican Party including PACs and Associations		~		~		V		'
Any other Party including PACs and Associations		~		1		~	-	7
Governor, Candidate and Committee				~		~		1
Attorney General, Candidate and Committee		V		~		V		~
Secretary of State, Candidate and Committee		~		1		1		~
Treasurer of State, Candidate and Committee		~		1		'		1
Auditor of State, Candidate and Committee				~		V		1
State Senator, Candidate and Committee		-		~		V		1
State Representative, Candidate and Committee		V		V		1		V

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 for through your lease or sublease, or by separate contract:	ollowing eith	er on your own,
	No	Yes
OUTDOOR BUILDING MAINTENANCE		
KEEP OUTDOOR AREA FREE OF TRASH AND DEBRIS		_,
PROVISION TO ASSURE PROMP SNOW AND ICE REMOVAL		
CLEANING INSIDE OF AGENCY INCLUDING EQUIPMENT		
PROVISION FOR INSIDE/OUTSIDE MAINTENANCE		
PROVISION FOR PROFESSIONAL CARPET/FLOOR CLEANING	(MIN. OF C	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 a hands on deputy. As the deputy I will handle all HR responsabilities, including payroll, and all benefits. I will and currently work the counter/terminal on a daily basis. Handling most dealer work and company processing. Opening, closing, inventory control, on line processing, voter registration, and error correction will be handled or overseen by me. My business is a direct reflection of who I am. My family and I live within Lucas county which is convienent if issues come up to be able to be at my office quickly.

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?

There are many resources that are used for helping to run a deputy registrar office. Myself and my employees are current on all manual updates. We make learning guides to help process more difficult transactions. Broadcasts and emails are always read on a daily basis to allow us to have the most current information. Supervisors, managers, and deputy are always available for any questions or concerns that come up during daily tasks and processing. If we are not able to verify ourselves then we always have our field staff and help desks to assist us. This business requires team work.

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

All employees and deputy will be required to keep up on all fraud doc training. Fraud doc materials are always handy to assist in determining any and all questionable documents. Alarm buttons have been installed at each terminal in case we are in need of police presence. Fraud pens are utilized for fake bills, and we always ask for a second opinion when questioning legit documentation. We also have an investigation unit that is ready to assist when needed. Cameras are installed and located thru the agency for assistance if we may need them for concerns with customers and employees.

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?

When we are notified of any broadcast or updates thru email, they are printed and read immediatly. The supervisor deputy then attaches a check list that insures that each employee has read and initialed the updates. The deputy/supervisor then checks to make sure all initials appear on the check list. Any questions or concerns are handled by the deputy. The deputy then notifies the field rep of any issues following a broadcast or email that is not understood.

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

If it were not for my employees and my customers I would not be doing the job I love. They know that without hesitation because I tell them every chance I get. I treat each employee with respect and gratetude. Respect is earned. I have an open door policy for my employees, this means that I am available to all employees at all times. This insures constant communiction and knowledge of any concerns that may be going on. My employees have been with me a long time, some return after having to be away for personal reasons, while others have come to work for me from other agencies because of the type of deputy I am. We are a family, celebrating wonderful times, and be there for each other in times of sadness. They all make me a better employer and deputy.

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

My business is a direct extention of who I am. Each and every employee greets all customers with a smile and thankful welcome. Not every customer comes in with a possitive attitude, we are there to help and try to make the customer comfortable. Many times customers may feel nervous coming in. We give little words of incouragement to help them to see that it is going to be alright. It could be while conducting a vision test, or for a customer that is just not sure what they need or how to sign into the Qflo system. My employees are required to help and show professionalism when helping a customer. If one of the employees is struggling then a supervisor or deputy is always there to help and assist. Looking the customer in the eye, taking our time, and making sure we are speaking to them respectfully goes a long way.

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

Mutual respect and communication is the most important tools in any employee/employer relationship. I keep and maintain constant communication with my employees and expect it in return. They all know they can come to me at anytime without judgement. Any issue or situation can be handled no matter what it may be. A personell policy is given to each employee at time of hire. This spells out how the agency is run. It is very detailed to insure understanding. Employees are also given bonuses, raises, and gifts of appreciation thru out the year. 401K and an AFLAC program is also available to all employees.

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

This is my business and it means everything to me. I started at my mom's license bureau when I was just a teenager. I was trained and given an amazing opportunity to become a deputy at a very young age. This opportunity was not taken lighly and I can not be more humbled by those who gave me the opportunity. I truly love what I do. This is all I have done since I was 17 years old. The expectations that the bureau of motor vehicles expects is something I am reminded of daily. Being born and raised in Lucas county means that I have the opportunity to help my community. I can't and won't let down the customers of Ohio, the BMV, or myself. I am dedicated to being the best deputy I can be.

9. How would you deal with an irate customer?

When a customer comes in that is upset for any reason it is my job to help understand what the customers concerns are. If there is anything I can do to help, I will. Making sure theat the customers attitude does not rub off on you is a must. These things can not be taken personally. Speaking to them in a patient manner, and with empathy also goes a long way. This lets the customer know that you are there to help, that you care. Along with letting them know that you are not going to allow bad behavior if there is one. Most times it shows the customer that we are here to help and there is no reason to be upset. If customers do get upset to the point of not calming down, then a supervisor or deputy will step in to insure that the employee is taken out of an upsetting sitation.

10.	What training or advice do you, or will you, give to your employees for dealing with irate customers?
	Patience and empathy is key. You don't always have to be right, be humble and kind. All employees will be trained knowing my responsability to the customers of Ohio. I will act in a dignified and respectful manner and will expect that of my employees. We can not carry negativity with us throughout the day. They need to have time to decompress if needed. Employees need to remember that the customer may be going thru a tough time. Having a personal touch will go along way. A kind smile, and speaking with care goes a long way.
11.	How will you meet the expectations of the Bureau of Motor Vehicles?
	I hope that I have lived up to the BMV's expectations. As a deputy, I take this job and title very seriously. It has been a gift to allow me to run a license bureau for as long as I have. Some of my past employees have become deputies themselves. This position has not come without many accomplishments and many tears. Working with my staff and customers on a daily basis is what keeps me going. I love every aspect of being a deputy and can only hope to be able to make a difference each and everyday going forward.
12.	Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract
	I am a dedicated deputy who respects the opportunities that I have been given. If not for my customers or employees I would not be in business. When the state has needed me in the past for training or taking over an office because of illegal activity or other reasons, I have always been available to lend a helping hand. My offices have been utilitzed in the past as pilot programs. There are constant changes happening in this business. Looking at the changes with fresh eyes and an open mind has allowed for easier transitions. Myself and my offices are ready and willing to assist the burea in any way possible to help the customers of Ohio.
	1

Form 3.9, Involved and Invested in Your Business, Page 3 of 3 (2025)

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Lucas:	
State of Ohio :	
I, <u>Kari D. Vaculik</u>	_, being first duly sworn, depose and say that:

- 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;
- 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;
- 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: A an Sagelit
Printed/typed name of proposer: Kari D. Vaculik
Sworn to and subscribed in my presence by the above named Kari D. Vaculik
on this 30 day of January , 2025
S. Ma
Notary Public
Printed name of Notary Public: Heather Matus Zananing
My commission expires: 4.30.25 HEATHER MATUSZAK
Form 3 10(A) Affidavit of Individual 720

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

SECTION 4

(2025)

OPERATIONAL FORMS

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name		
48 G Location Number		
Proposer Number (<i>BMV use</i>	only)	-

<u>INSTRUCTIONS</u>: 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	V	
4.3	Staffing and Personnel Costs Calculation	~	
4.4	Start-Up Costs Calculation Amount: \$27262.00	_	
4.5	Deputy Registrar Contract (2 pages only)	•	
			<u> </u>

Form 4.0, Operational Checklist (2025)

4.1 APPOINTMENT OF AGENCY MANAGERS

Prop	oser's name:	Location number: 48 G
(A) ·	DEPUTY REGISTRAR: As deputy registrar, I agree to work hours per week during the hours the agency is open to the pentire term of the contract. I understand that the minimum is twenty (20) hours per week during the hours the agency twenty-hour requirement does not apply to County Audinonprofit corps., or deputy registrars operating multiple local	requirement for deputy registrars is open for business. This liters/Clerks of Courts,
(B)	OFFICE MANAGER: I understand and agree that I must another reliable person to serve as the office manager for manager must be scheduled to work at the agency at least during the hours the agency is open to the public for busine Appoint myself as the office manager and work a during the hours the agency is open to the public for Appoint another reliable person to serve as the office six hours per week during the hours the agency is open.	the agency, and that the office thirty-six (36) hours per week ss. It is my intention to: at least thirty-six hours per week business.
(C)	ASSISTANT OFFICE MANAGER: I understand and agreers to be responsible for the management of the agency agency office manager during the hours the agency is open	ree that I must appoint a reliable in the absence of myself and the
(D)	OTHER EMPLOYEES: I agree to maintain an accurate manager, assistant office manager, and all other employees as my own work schedule, on file and available for insp times. I also agree to notify the BMV in writing improprintment of the office manager or assistant office manager complete and current.	and their work schedules, as well ection by BMV employees at all nediately of any changes in the
Dep	outy registrar (proposer) signature	Date: 1-31-25

4.2 EXPERIENCED EMPLOYEES SUMMARY

Prop	oser's nar	ne:	Location number:
(A)	registrar effort to deputy 1	EXPERIENCED EMPLOYEES. I certify that a under contract with the Registrar of Motor Vehicle hire and retain qualified employees who have registrar agency. I agree to make bona fide offers and under comparable conditions to their most receive.	es, I will make every good faith elevant experience working in a s of employment at comparable
(B)	CHECK	WHICHEVER APPLIES: I HAVE NOT BEEN A DEPUTY REGISTRA EMPLOYEE. I have not yet identified any pro- relevant deputy registrar experience. However, if every reasonable effort to identify and hire, if po-	ospective employees who have awarded a contract, I will make ssible, qualified employees who
		have relevant experience working in a deputy r contact any deputy registrar employees until a contract.	fter you have been awarded a
		I AM OR HAVE BEEN A DEPUTY REGISTRAEMPLOYEE. I have identified the following person fide offer of employment at comparable wages at to their present employment. (A deputy registrar registrar employment experience may list himself	ons to whom I will make a bona nd under comparable conditions or a proposer who has deputy
			of Experience
(C)		stand that failure to hire properly qualified and ees is grounds to withhold or terminate my deputy r	
Dep	uty regist	rar (proposer) signature	Date: 1-31-25

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name:	KARI D VACULIK	Location number:	
F			

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

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

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

In accordance with the standards established by the Unites States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$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 JIOURS PER WEEK	PROJECTED HOURIA RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	36.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	36.00	\$ 20.00	\$ 720.00	\$ 2,880.00
Assistant Office Manager	36.00	\$ 18.00	\$ 648.00	\$ 2,592.00
Experienced Employees Total Number (combine Full-time & Part-time) = 6	160.00	\$ 16.00	\$ 2,560.00	\$ 10,240.00
New Hire Employees Total Number (combine Full-time & Part-time) = 0	0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL	268.00	N/A	\$ 3,928.00	\$ 15,712.00

4.4 START-UP COSTS CALCULATION

Propos	ser's n	ame:	KARI D VACULIK	Location	number: 48 G
costs	of beg	innin	nis form is to assure the B g a deputy registrar busines to cover your personnel,	ess. We need to know	that you have enough
1.	PEI	RSO	NNEL COSTS (FOU	R WEEKS)	
	Use	Form	4.3 to calculate four (4) w	eeks' personnel costs fo	or this location.
					\$ 15,712.00
2.	SIT	E PI	REPARATION COST	ΓS (AMORTIZED)	
	A.	cost	nis is a Deputy Provided s you will need to spend strar agency in each of the	I to prepare the building	
		1.	Building Modifications	\$ <u>0</u>	
		2,	Counter Costs	\$ <u>0</u>	
		3.	Other Costs	\$ <u>0</u>	
		4.	Total	\$ <u>0</u>	_
			al amortized over 60 mont vide line 4 by 60)	h contract period =	\$ <u>0</u>
	В.	Age	his is a BMV Controlled ncy Specifications for thi n the Agency Specification	s location. Do not ch	
3.	AG	ENC	CY RENTAL PAYMI	ENTS (3 MONTHS)
	A.		his is a Deputy Provided or lease this site.	Site, enter the actual a	emount you will pay to
	В		his is a BMV Controlle ency Specifications for thi		
				8850.00 x 3 =	
тот	[fou	r wee	RT-UP COSTS eks' personnel costs, plus of a ration costs (2.A total and Site amount), plus three	mount or 2.B BMV	s 27262.00

STATE OF OHIO

DEPARTMENT OF PUBLIC SAFETY

BUREAU OF MOTOR VEHICLES

DEPUTY REGISTRAR CONTRACT - 2025

This Agreement is made by and between	veen the Registrar of Motor Vehicles, (Registrar,
herein), located at 1970 West Broa	ad Street, Columbus, Ohio 43223-1102 and (deputy registrar, herein) whose
home mailing address is	
(City)	, Ohio (Zip) 43560 , to operate a deputy
registrar agency, Location No. 48 G	, to be located as follows: in the
State of Ohio, County of LUCAS	
City/Village/Township (indicate which) Street address: 3018 NAVARRE AVE	CITY of OREGON
Street address: 3018 NAVARRE AVE (City) OREGON	, Ohio (Zip) 43616

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:

- 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.
Deputy Registrar signature 1-23-2025
Deputy Registrar signature Date
STATE OF OHIO :
COUNTY OF Lucas
Before me, a notary public in and for said county and state, personally appeared the above
named Kari D. Vaculik, 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 day
of January, 2025.
S/ date
NOTARY PUBLIC
Printed name of Notary Public: Heather Matuszak
Printed name of Notary Public: Heather Mafussafe My commission Expires: 4.30.55 My commission Expires: HEATHER MATUSZAK
STATE OF OHIO
STATE OF OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES NOTARY PUBLIC STATE OF OHIO Comm. Expires 4.30.25
BUREAU OF MOTOR VEHICLES
BY:
REGISTRAR OF MOTOR VEHICLES
Done at Columbus, Ohio, on

DEPUTY REGISTRAR REQUEST FOR PROPOSALS

SECTION 5

(2025)

DEPUTY PROVIDED SITES

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name KARI DANIELLE VACULIK
Location Number 48 G
Proposed Site Address 3018 NAVARRE AVE OREGON OHIO 43616
Proposer's Telephone Number (number where BMV staff can reach you) (419) 343-4839
Proposal Number (BMV use only)

<u>INSTRUCTIONS:</u> You must submit one original of this form and all documents listed on this form FOR EACH LOCATION YOU ARE PROPOSING. If you fail to submit a complete set of originals FOR EACH LOCATION, you will not be evaluated for those locations.

ATTENTION: Proposers applying for contracts at existing license agency locations designated as Deputy Provided Sites are not required to complete and submit all Section 5 forms if the site was approved under a previous RFP and if there have been no changes to the site since the last contract was approved and signed. Under this license agency site provision, form 5.0, page one (1) of form 5.1, and form 5.3 must be completed and submitted with all other required forms and documents.

FORM	DESCRIPTION	√	BMV
5.0	Deputy Provided Site Checklist (this form)	✓	
5.1	Site Questionnaire (page 1 only if proposing existing license agency site)	✓	
5.2	ADA Checklist (leave blank if proposing existing license agency site)		
5.3	Lease Option (required for all proposers, which includes incumbent deputy registrars)	✓	
	filled out, including complete address	✓	
	- signed and notarized	✓	
5.4	Proximity Attachment [for "Proximity" sites only] (leave blank if proposing existing license agency site)		
Proposer provided	Site Plan (leave blank if proposing existing license agency site)		
	with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY) with complete dimensions		
Proposer provided	Counter Plan (leave blank if proposing existing license agency site) - with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY) - with complete dimensions		
Proposer provided	Map (leave blank if proposing existing license agency site)		
	- with site clearly marked		

Form 5.0, Deputy Provided Site Checklist (2025)

5.1 SITE QUESTIONNAIRE

1.	Location Number for which you are proposing (from Agency Specifications): 48 G							
	Stre	Street address of site 3018 NAVARRE AVE						
		OREGON	, Ohio, Zip Code	4361	16			
2.	Is th	ne site you are proposing currently in operation as a deputy reg						
			No	Yes	✓			
3.		you intend to perform construction or remodeling to prepare	this site for operat	ion under	a new			
	dep	uty registrar contract?	No	Yes_				
4.		you applying for a contract at an existing license agency site	that					
	was	approved under a previous contract?	No	Yes_	✓_			
5.	A.	If you answered "No" to question number 4, skip to question information required for this form (5.1) and the remainder of						
	В.	If you answered "Yes" to question number 4, have there been (interior and/or exterior to include parking areas, path of travwith disabilities, and signage)?			iduals			
		with disabilities, and signage):	No	Yes_				
6.	A.	If you answered "No" to question number 5, please print an for compliance with Section Five (5) requirements for this Fremainder of your required proposal documents.			orm 5,3			
	В.	If you answered "Yes" to question number 5, list the site characteristic with the description(s) of any changes that have been supporting documentation and attachments if needed, then st along with any other documentation and attachments for conrequirements for this RFP and include it with all other requirements.	n made. Include ad op here. Print and opliance with Secti	ditional submit thi on 5				

5.3 LEASE OPTION

I (we)(owners' compl JOSEPH BR	ete names)OTHERS LLC			
of (owners' complete	address)			
City	, 5	State OHIO	, Zip 2	13623
HEREBY GRANT, ı	pon due consideration, rec	eipt of which is her	eby acknowledge	d, this OPTION
TO LEASE the fo	ollowing described propo		ne State of Ol city, village	
CITY	of OREC	GON	and common	nly known as:
(property's address)	3018 NAVARRE	AVE		
Suite NA	City OREGON		, Ohio, Zip	43616
to (proposer's name)	KARI D VACUL	K		
of (proposer's address				
City			Ohio, Zip	43560
for the operation of	a deputy registrar agenc	cy under contract v	with the Ohio B	ureau of Motor
Vehicles, and for no	other purpose.			

- 2. THE TERM OF THE LEASE, if executed, shall begin no later than the 29th day of June, 2025 and shall not terminate before the 29th of June, 2030.
- 3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31st day of May, 2025.

4. THE PARTIES AGREE AS FOLLOWS:

1.

- A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.
- B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.

D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.
Owner(s)' signature(s):
Owner(s)' printed name(s): Craiz A. Joseph
STATE OF COUNTY OF LUCIO :
The foregoing instrument was acknowledged before me on this 31 day of 2025, by the owners, CRASS A. JOSOPH
Dope Elise Cocol)
Notary Public Printed name of Notary Public: DE DASE COUDE
My commission expires on
I hereby accept this option. HOPE ELISE COWELL Notary Public State of Ohio My Comm. Expires November 29, 2028
Feb 3 2025 Han D Yamlik
Date Optionee signature, Deputy Registrar Proposer

Form 5.3, Lease Option, Page 2 of 2 (2025)

C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in

paragraph 3, above.