

PAYROLL COMPARISON – 2025

Proposer Name: Matt Wilcox

Evaluator Printed Name: Miles Trillist

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
	16-A	41-A	60-A			
Highest Rate	\$17/h	\$17/h	\$18/h			
Lowest Rate	\$12/h	\$12/h	\$13/h			
Number of Hours Recommended	161	147	255			
Number of Hours Proposed	165	165	270			
Total Monthly Wages	\$2,240	\$2,240	\$4,120			

Comments:

PERSONAL EVALUATION (2025)

Matt Wilcox
16-A / 25045
Coshocton County, Coshocton
275 Downtowner Plaza

Evaluation Team Number: _____

Location(s) Proposed: (#1) 16-A 41-A 60-A _____

Proposed as 2nd Location _____ ☒ _____

Verify Proposer's Full Name: (#2) Matthew James Wilcox

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

Verify Proposer's Driver's License Number: (#5) 

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):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>100</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

TOTAL POINTS (Max. 258 Points): 258

Comments: No Driver License # included

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u>Miles J. Gillist</u>	<u>Miles J. Gillist</u>	<u>02.26.25</u>
(2)	_____	_____	_____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? 6/28/25	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: Verifid at telephone () _____

Company: Steubenville License agency

Relationship: DR

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): _____ To (date): _____ Length: _____

Verified Hours _____ = Factor 1 x Years 1.0 x Points 50 = 500

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.	Stauberville License Agency	#	NA	=	1.0	x	10	x	50	=	500	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?

5

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

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

17

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

Comments: _____

PERSONAL EVALUATION

OK NO

24. Form 3.9 – Involved and Invested in Your Business

1. How do you plan to manage, be responsible, and be accountable for this business at all times?	①	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	②	0
3. What measures will you put in place to detect, deter, and prevent fraud?	①	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	①	0
5. How will you demonstrate good leadership to your employees?	①	0
6. How will you maintain a high level of professionalism each day in this business?	①	0
7. How do you intend to recruit and retain high quality employees?	①	0
8. How will you provide a safe, clean, and friendly place to do business?	①	0
9. How would you deal with an irate customer?	①	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	①	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	①	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	①	0

25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation

A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful ?	③	*
B. Is it the affidavit duly signed and notarized?	②	*

26. Local Law Enforcement Report / Articles of Incorporation (AOI)

A. No disqualifying convictions for individual / AOI for nonprofit corporation?	③	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	②	0

27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation

No disqualifying convictions for individual / AOI for nonprofit corporation?	⑤	*
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PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)

27

OK NO

A. Credit report submitted contains credit score?	2	0
B. No tax liens (state or federal)?	3	0
C. No judgments for the past 36 months?*	3	0
D. *No bankruptcy filed or trusteeship imposed for the past 36 months?	2	0
E. *No other negative items (charge-offs, collections, etc.) for the past 36 months?	3	0
F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?	1	0

* Exclude minor medical judgments and disputed items with good cause explanation.

(2)	0
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15

[illegible]

OPERATIONAL EVALUATION (2025)

Matt Wilcox
41-A / 25046
Jefferson County, Steubenville
4244 Sunset Blvd, Suite D

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	<u>4</u>	
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>	<u>5</u>	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	<u>3</u>	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	<u>2</u>	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>147</u> Proposed: <u>165</u>	<u>4</u>	*
	B. Work Hours and Pay Calculated Correctly	<u>2</u>	0
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)	<u>1</u>	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	<u>3</u>	0
	B. Adequate and Accurate Site Preparation Costs	<u>2</u>	0
	C. Adequate and Accurate Rental Payments	<u>2</u>	0
	D. Total Required: \$ <u>14,540</u> On Deposit (Form 3.4): \$ <u>15,000</u>	<u>5</u>	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	<u>2</u>	0
	B. Signed and Properly Notarized	<u>3</u>	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments:

Evaluators' signatures	Printed names	Date
(1) <u>Miles J. Zeller</u>	<u>Miles J. Zeller</u>	<u>02.26.25</u>
(2) _____	_____	_____

Operational Evaluation (2025)

DEPUTY REGISTRAR

REQUEST FOR PROPOSALS

2025 FORMS

AND

INSTRUCTIONS

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Matthew James Wilcox

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:

41-A

16-A

60-A



2. Full legal name of proposer

Matthew James Wilcox

3. Proposer's street address

City

State

Ohio

Zip code

44663

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

Tuscarawas

5. Daytime telephone

6. Proposer's driver's

7. Spouse's name (no

8. Spouse's home str

City

State

Ohio

Zip code

44663

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 28th, 2025

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 East Canton High School

City East Canton State Ohio Zip 44730

College name Kent State University

City Kent State Ohio Zip 44242

Major Management and Information Systems Degree awarded Bachelor of Business Administration

College name _____

City _____ State _____ Zip _____

Major _____ Degree awarded _____

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

No _____ Yes ☒

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

I have experience with computers in the following programs but not limited too (Microsoft Excel, Word, Planner, Power Points, Outlook; Erp Systems, Quickbooks, Bass. I also learned how to program in CSS and HTML 5. I learned to program in Java and PHP.

I have made websites and games in college and after college just for fun. I use microsoft word and excel on a daily basis. I use excel to track multiple functions in my life. I use it to track employee performance so I can see with the numbers my employees who perform and the ones that are falling behind. The ones that are falling behind, we are able to contain this deficiency by offering counseling, and extra training in order to help the employee become proficient.

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

28. Employment, management, supervisory, and business experience. Each Proposer's experience is one of the most important factors to be considered in the award of deputy registrar contracts. For the purposes of this RFP, experience gained prior to the year 1990 will not be evaluated or considered. Please provide a professional resume, in chronological order (no earlier than 1990), the positions you have held. If the position you held in 1990 was one you started before 1990, you may list that position and the date you actually started on your submitted resume. If you did not hold any position in 1990, please begin with the first position you held after 1990. If applying as a NPC, please provide a description of the fundraising, program, and charitable functions of the nonprofit corporation.

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE
FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE
FORM 3.2(C) EMPLOYEE EXPERIENCE

Instructions

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience. Be sure to include as much detailed experience possible within the submitted professional resume.

Nonprofit corporations must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fundraising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

Form 3.2(A) Business Ownership Experience. Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

Form 3.2(B) Management and/or Supervisory Experience. Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

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

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Matthew James Wilcox Company name Steubenville License Agency
Company address 4244 Sunset Blvd Suite D City Steubenville
State Ohio Zip 43952 Telephone (740) 264-7228
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services We provided license and registration services for the citizens of Ohio.

We also provided background checks, watercraft registrations , and license plates frames, screws, and laminations were sold.

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 50
3. Dates you operated this business: From: month JUN year 2015 To: month JUN year 2025
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 7
8. Have you ever developed a comprehensive business plan? No Yes ✓

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

[REDACTED]

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

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

Proposer's name Matthew James Wilcox Company name Coshocton License Agency
Company address 275 Downtowner Plaza City Coshocton
State Ohio Zip 43812 Telephone (740) 622-8031
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Company's products and/or services We provided license and registration services for the citizens of Ohio.

We also provided background checks, watercraft registrations, and license plates frames, screws, and laminations were sold.

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 50
3. Dates you operated this business: From: month JUN year 2020 To: month JUN year 2025
4. Is/was this business profitable? No Yes ✓
5. Is/was this business your primary source of income and support? No Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
7. Do/did you directly manage employees on a daily basis? No Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 6
8. Have you ever developed a comprehensive business plan? No Yes ✓

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

[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 Matthew James Wilcox Company name North Canton License Agency
Company address 3189 Whitewood St City North Canton
State Ohio Zip 44720 Telephone (330) 498-0255
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

Management/supervisory duties Manage daily operations, Bookkeeping, payroll, scheduling, Forecasting inventory, account reconciliation, training of staff members, hiring and firing, accounts payable, etc.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Assistant Office Manager Hours worked weekly? 40
2. Dates this position was held: From: month JAN year 2014 To: month JUN year 2015
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? 12
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(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 Matthew James Wilcox Company name Canton South License Agency
Company address 3029 Cleveland Ave City Canton
State Ohio Zip 44707 Telephone (330) 484-6488
Type of business (deputy registrar, retail grocery, etc.) BMV License Agency

Management/supervisory duties Manage daily operations, Bookkeeping, payroll, scheduling, Forecasting inventory, account reconciliation, training of staff members, hiring and firing, accounts payable, etc.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Assistant Office Manager Hours worked weekly? 40
2. Dates this position was held: From: month NOV year 2012 To: month JAN year 2014
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? 5
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(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 Matthew James Wilcox Company name Canton South License Agency
Company address 3029 Cleveland Ave City Canton
State Ohio Zip 44707 Telephone (330) 484-6488
Type of business (deputy registrar, retail grocery, etc.) BMV License Agency

Management/supervisory duties Manage daily operations, Bookkeeping, payroll, scheduling, Forecasting inventory, account reconciliation, training of staff members, hiring and firing, accounts payable, etc.

MANAGER OR SUPERVISOR - Job title: Supervisor

1. Title of position Supervisor Hours worked weekly? 40
2. Dates this position was held: From: month Feb year 2011 To: month Nov year 2012
3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes ✓
4. Do/did you directly manage/supervise employees on a daily basis? No Yes ✓
If you answered yes to question number 4, how many employees do/did you manage? 4
5. Have you ever developed a comprehensive business plan? No Yes ✓

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

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 Matthew James Wilcox Company name Alliance License Agency
Company address 513 E Main St City Alliance
State Ohio Zip 44601 Telephone (330) 821-4866
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Data Entry Clerk

Hours worked weekly 40 Job duties I was responsible for entering data for all vehicle registrations and drivers

license/ identification cards. I was also responsible for helping management and all my fellow clerks in whatever job duties needed accomplished

I.e.(replenishing plates, helping customers put plates on, taking drivers license/identification pictures, checking over documents, checking visions, checking the applications the next day).

Dates of this employment: From: month NOV year 2010 To: month FEB year 2011

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

I was able to provide high quality/ high level customer service by learning the rules and policies of the BMV so that I was able to use

this knowledge to quickly and efficiently service each and every customer. I exercise the ability to go above and beyond what the

customer expects. I would always go the extra mile, like the time I went out to the parking lot, and put on an elderly woman's plates.

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 Matthew James Wilcox Company name Purchase Official Supplies
Company address 2215 E Waterloo Rd #203 City Akron
State Ohio Zip 44312 Telephone (330) 564-1082
Type of business (deputy registrar, retail grocery, etc.) Retail Sports Officials Equipment

EMPLOYEE - Job title: Customer Service

Hours worked weekly 40 Job duties My job consisted of taking phone, Internet, and in

person orders. I was able to determine the customer needs, and provide the correct product to ensure the customer's needs would

be adequately sufficed. I was also responsible for all logistics of all orders placed. I also did inventory for the business as well.

Dates of this employment: From: month Jun year 2004 To: month Nov year 2010

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

I was able to bring a high level of customer service to all customers by providing a high level of

knowledge about the products that were sold, and I was able to determine which products would

suffice certain needs. This helped ensure customer satisfaction.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy

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 Matthew James Wilcox Company name Bed Bath and Beyond
Company address 6725 Strip Ave NW City North Canton
State Ohio Zip 44720 Telephone (330) 305-1544
Type of business (deputy registrar, retail grocery, etc.) Retail

EMPLOYEE - Job title: Customer Service
Hours worked weekly 40 Job duties My duties consisted of inventory, product knowledge, restocking, helping all co-workers and customers. I was also responsible for helping with training new hires in the my area of expertise.

Dates of this employment: From: month Jun year 2006 To: month Jun year 2008

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

I was able to bring customer service to this job opportunity by being able to hear the customer and the problem they were trying to solve. I was able to successfully evaluate the problem, and pick the right corrective action for their queries.

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):

We constantly go over new policies and efficiency techniques in order to provide quick, courteous, consistent, and efficient service to all of our customer on a day to day basis. We are always going over any questions or concerns that employees, and customers have alike. We are here to help and serve the public. The customers are our JOB! We have set up tracking measures to measure mistakes made by employees, and when we see certain mistakes made repeatedly or by a few employees, then we interject measures, i.e. (such as additional training, or making it a monthly meeting point to talk about). This is to ensure that every clerk that a customer will go to will be just as knowledgeable. I want to further fine tune the methods used above to predict outcomes and short comings of employees, by using data gathered, we can predict mistakes that are highly likely to be made by employees that have also made similar mistakes, so that way I can stop them before they even happen. I will continue to train all employees to a point to where they can quickly and accurately help all customers. The friendly service that is expected, coupled with less wait times will keep customers happy. I also feel that it is imperative that I am on the counter overseeing, and managing all operations at hand.

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: Matthew J Wilcox

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 plan on being a working Deputy Registrar. I plan on being at work everyday, overseeing every detail that goes on in the business. This position will be a full time position, and I will manage every aspect of it.

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

I plan on being a working Deputy Registrar and overseeing that every law, policy, and procedure is being followed at all times. I plan on keeping all employees trained and knowledgeable of all policies at all times to ensure that all Identification cards and Drivers License are being processed correctly.

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

Everything in the office has to do with accountability. All money and documents have to be signed off by at least one employee and one manager/supervisor. I also have put into place honesty policies, so that every employee knows what is expected of them in respects to fraud, so there are no assumptions.

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?

Every revised policy will be printed out and read over by EVERY employee. They will also sign the paper indicating that they have read the revision. At this point, if there are any questions, they will be addressed and solved at this time. I will have an open door policy for all employees. I also will personally review policies with all employees.

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

I show up every single day and work right along side them. When all of the back office work is caught up and completed, I come out of the office and work the counter right along side of the employees, assisting them and providing guidance while overseeing the work is being done correctly. This not only helps with morale, but it helps ensure high service levels.

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

I will continue to strive for the same level of professionalism that I have brought to the job for the last 15 years; and I expect all of my employees to do the same thing. We come into the office, read up on all the new material and policy changes, talk about the changes, then go into action putting them into place. We are here to serve the customer!! Not the other way around.

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

I feel it is important to create a pleasant, friendly working environment. Incentives are crucial in boosting employee morale. I feel it is essential to provide the right incentives to the right employees. The employees that have proven their work ethic and accountability will be rewarded.

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

I will be a working Deputy Registrar, so I will be in the office at all times, to ensure the employee policies will be followed through on. I expect a nice, clean, respectful environment for all employees and myself. All the cleaning will be done in house, every week, and as needed. I expect a friendly environment at all times. I have also been trained in A.L.I.C.E. for safety.

9. How would you deal with an irate customer?

I try to figure out what the underlying issue is for the anger. Normally its frustration with bad information or not having all the information needed in order to obtain the credentials they wanted. I try to use the customer service modules when giving bad news, before I give the correct information. No is never the only answer, there are always other options for the customer.

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

The advice that I would give them is to imagine yourself on the other side of the counter. Empathize with the customer's plight. Give them the correct information needed, and try to go out of the way for them. The only thing my office can offer different than another office, is kind, efficient service. Then soon enough the irate customer isn't as irate anymore.

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

I will meet them by continuing the actions and lessons learned from prior experience. I will be a working Deputy Registrar, this will be my livelihood. I will be solely responsible for all actions taken by this office and I do not enter into this light hearted. The pressure I put on myself to succeed will far outweigh any pressure that will be put on me by any other entity. I will not be a problem child or on your radar for anything, but good things.

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

I feel that I have the experience and education to succeed. I have been involved in 2 agency take overs and 1 agency I alone took over. I also took on a 2nd agency 5 years ago and not only maintained, but surpassed expectations for servicing our customers. All of the agencies did not hold the same standard expected. We have turned all 4 agencies around, obtaining great scores on evaluations, and also kept wait times under 5 minutes. I have maintained high scores on my evaluations and raised the level of business and what is expected at each agency. During my time as deputy registrar at the Steubenville agency, we won the 2017 Frontline Award for Most Improved in District 2. We also are consistently in the top 10 in the state for donation percentage. I continually strive to meet and exceed every benchmark set in place. I have seen what works and what doesn't, and I plan on emulating what has worked in the past and implementing the new technology made available to us by the BMV to continue to elevate the level of customer service received at the agencies. I am determined and hardworking, and nothing is more important than effort. I will bring 100% every day.

3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of _____ :

State of Ohio _____ :

I, Matthew James Wilcox, being first duly sworn, depose and say that:

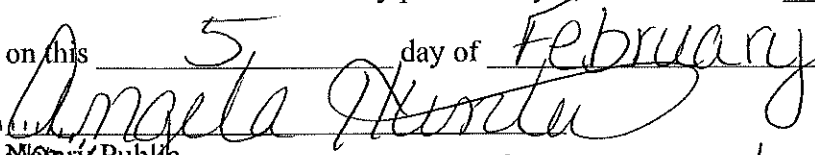
- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;
- 4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
- 5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: 

Printed/typed name of proposer: Matthew James Wilcox

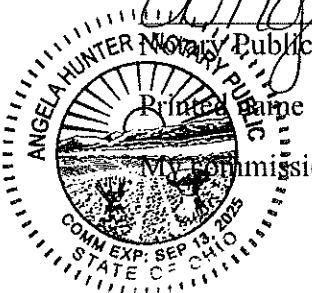
Sworn to and subscribed in my presence by the above named Matthew J Wilcox

on this 5 day of February, 2025



Printed name of Notary Public: Angela Hunter

My commission expires: 9-13-2025



DEPUTY REGISTRAR
REQUEST FOR PROPOSALS

SECTION 4

(2025)

OPERATIONAL FORMS

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Matthew James Wilcox

Location Number 41-A

Proposer Number (*BMV use only*) _____

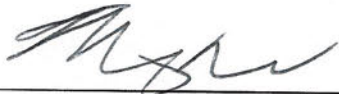
INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

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>14540.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Matthew J Wilcox Location number: 41-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.



Deputy registrar (proposer) signature

Date: 2-5-25

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Matthew J Wilcox Location number: 41-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.


Deputy registrar (proposer) signature

Date: 2-5-25

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Matthew J Wilcox Location number: 41-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)	40.00	\$ 17.00	\$ 680.00	\$ 2,720.00
Assistant Office Manager	40.00	\$ 15.00	\$ 600.00	\$ 2,400.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>4</u>	65.00	\$ 12.00	\$ 780.00	\$ 3,120.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>0</u>	0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	165.00	N/A	\$ 2,060.00	\$ 8,240.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Matthew James Wilcox Location number: 41-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.

\$ 8240.00

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>0.00</u>
2. Counter Costs	\$ <u>0.00</u>
3. Other Costs	\$ <u>0.00</u>
4. Total	\$ <u>0.00</u>

Total amortized over 60 month contract period
(Divide line 4 by 60) = \$ 0.00

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

\$

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

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

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

One month's rent: \$ 2100.00 x 3 = \$ 6300.00

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] \$ 14540.00

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 Matthew James Wilcox

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

(City) _____, Ohio (Zip) 44663, to operate a deputy registrar agency, Location No. 41-A

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

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

Street address: 4244 Sunset Blvd Suite D

(City) Steubenville, Ohio (Zip) 43952

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;

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.

[Signature]
Deputy Registrar signature

FEB 05 2025
Date

STATE OF OHIO :
COUNTY OF Jefferson :

Before me, a notary public in and for said county and state, personally appeared the above named Matthew J Wilcox, 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 5 day of February, 2025.

[Signature]
ANGELA HUNTER - NOTARY PUBLIC
Printed name of Notary Public: Angela Hunter
My commission Expires: 9-13-2025
STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
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 Matthew James Wilcox
 Location Number 41-A
 Proposed Site Address 4244 Sunset Blvd Suite D Steubenville, Ohio 43952
 Proposer's Telephone Number (number where BMV staff can reach you) (330) 413-3887
 Proposal Number (BMV use only) _____

INSTRUCTIONS: 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		

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 41-A
Street address of site 4244 Sunset Blvd Suite D
City Steubenville, Ohio, Zip Code 43952
2. Is the site you are proposing currently in operation as a deputy registrar agency?
No _____ Yes ☒
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?
No ☒ Yes _____
4. Are 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 number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?
No ☒ Yes _____
6. A. If you answered "No" to question number 5, please print and submit this along with form 5.3 for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
- B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

7. Do you agree to comply with applicable Ohio Building Code requirements if construction or remodeling is necessary?
No _____ Yes _____
8. Is the site located in a city or village?

If so, name of city or village _____
If not, name of township in which it is located _____
9. In what county is this site located?

10. Is your proposed site within the geographic area specified in the Agency Specifications?
No _____ Yes _____
11. If proposed location is **NOT** within the geographic area specified in the Agency Specifications, list proposed locations in preferred order of importance starting with "most" important.
12. Have you included a map, with a mark showing the precise location of the proposed site?
No _____ Yes _____
13. How many parking spaces are available for this site? _____ spaces
14. How many other businesses share the parking facilities? _____ business(es)
15. What is the distance of the nearest regular parking space from the closest public entrance of the proposed agency site using the shortest route a person could safely walk?
_____ feet
16. How many of the parking spaces are off-street (in a lot or garage)? _____ spaces
17. How many of the parking spaces are paved? _____ spaces
18. How many of the parking spaces are free (no charge for parking)? _____ spaces
19. How many of the parking spaces are reserved exclusively for the use of deputy registrar customers?
_____ spaces

20. Do you agree to keep the agency at a reasonable temperature?

No _____ Yes _____

21. Will the site be safe for agency employees and patrons and will it have security available?

No _____ Yes _____

Submission of a floor plan of the site is mandatory. If original drawings are formatted larger than 8-½ x 11 inches, you must also provide a reduced size copy formatted at 8-½ x 11-inches. All dimensions must be indicated on the drawing. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.

22. Have you submitted a complete floor plan of the site, showing all dimensions of all the interior areas?

No _____ Yes _____

23. How much space is allocated for the customer area?

_____ square feet

24. How much space is allocated for the employee service area?

_____ square feet

25. How much space is allocated for the employee private area?

_____ square feet

26. How much space is allocated for the storage area?

_____ square feet

27. How much space is allocated for the restroom facilities?

_____ square feet

28. How much space is allocated for uses not listed above?

_____ square feet

29. Total square footage of agency?

_____ square feet

Submission of a counter plan is mandatory. If original drawings are formatted larger than 8-½ x 11 inches, you must also provide a reduced size copy formatted at 8-½ x 11-inches. All dimensions, including those of the disability accessible counter, must be shown. Copies of previous submissions will be accepted, provided there have not been any changes since the last proposal.

30. Have you submitted a counter plan showing all dimensions of your counters?

No _____ Yes _____

31. Are your counters to be in accordance with RFP counter specifications?

No _____ Yes _____

32. Please indicate which of the two counter options from the Counter Specifications, RFP Appendix 2.1, you are choosing:

_____ A. Operator sit-down arrangement _____ B. Operator stand-up arrangement

33. Will your customer service counter be a minimum of 46 inches and a maximum of 48 inches (or for incumbent deputies only, a maximum of 50 inches) high?

No _____ Yes _____

Actual Measurement: _____ inches

34. Do you agree to position all computers so they are adequately protected from damage by customers?

No _____ Yes _____

35. Will the total length of your equipment support counter be at least 60 inches for each terminal?

No _____ Yes _____

Actual Total Length (all counters): _____ feet

36. Will the depth of your regular counter be a minimum of 30 inches and a maximum of 36 inches?

No _____ Yes _____

Actual Depth: _____ inches

37. Will each 60-inch section of your counter be able to support at least 100 pounds of equipment?

No _____ Yes _____

38. Will you provide space for a vision screener at a reasonable height and conveniently located to the disabled-accessible counter?

No _____ Yes _____

39. Do you agree to provide a counter, acceptable to the BMV, to accommodate the digitized driver's license production equipment?

No _____ Yes _____

40. Will the disabled-accessible section of your counter be a minimum of 36 inches wide and have a knee hole opening of at least 27 inches clearance height, 30 inches wide and 19 inches deep?

No _____ Yes _____

Height: _____ Width: _____ Depth: _____

41. Will you have at least one terminal service area which will be readily accessible for use by individuals with a disability?

No _____ Yes _____

42. Will you provide space either on the counter or on one or more separate printer stands (additional space of at least 30 inches wide) for each of the printers in the agency?

No _____ Yes _____

43. How many signs do you propose for the location? _____ signs

44. List below the location and size (all dimensions) of your signs or proposed signs:

Location of signs

Dimensions of signs

45. **Form 5.3.** You must give satisfactory evidence that the facility you have proposed will be available for the operation of a deputy registrar agency during the entire period of the contract. If you will be leasing the facility from someone else, you must submit a fully executed (signed, notarized, and accepted) Lease Option, Form 5.3. If you own the property yourself, you must submit a copy of your deed along with a Lease Option, Form 5.3, giving yourself an option or a written statement that the property is available for use as a deputy registrar agency.

46. **Form 5.4.** Is the location for which you are proposing designated a DEPUTY PROVIDED PROXIMITY SITE in the Agency Specifications for that location?

_____ Yes. You must complete and submit with your proposal a fully completed Proximity Attachment, Form 5.4.

_____ No. Please do not submit the Proximity Attachment, Form 5.4.

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Answer all questions for the proposed facility as it now exists. If the site as it now exists is deficient in any respect, list in the spaces provided all improvements the landlord or you will make if you are awarded a deputy registrar contract. Be specific. You may use the possible solutions noted on this form or you may propose your own solutions. If the proposed facility is under construction, answer all questions regarding the facility after completion in accordance with the construction plans. If any question clearly does not apply, mark it "Not Applicable" or "N/A."

- 1. ACCESSIBLE ENTRANCE.** People with disabilities should be able to arrive at a parking space accessible to persons with disabilities on the site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities. "Accessible space" means a parking space which meets all Americans with Disabilities (ADA) requirements for disability (formerly "Handicapped") parking. "Accessible entrance" means an entrance to a building which meets ADA requirements for access by persons with disabilities, including persons who are in wheelchairs.

- A. Is there a path of travel from the disability accessible parking space to the agency entrance that does not require the use of stairs? No _____ Yes _____
- B. Is the path of travel stable, firm, and slip-resistant? No _____ Yes _____
- C. Except for curb cuts, is the path at least 36 inches wide? No _____ Yes _____
- D. Do curbs on the pathway have curb cuts at least 32 inches wide at all necessary points? No _____ Yes _____

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, adding a ramp, designing an alternative path of travel, repairing surfaces, widening the pathway, installing curb cuts, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____

- 2. RAMPS.** Are ramps necessary to permit wheelchair access? Yes _____ No _____

If "yes" complete the following information. If "no," skip forward to "Parking and Drop-Off Areas," next page.

- A. Are the slopes of ramps no greater than 1:12? No _____ Yes _____

Slope is given as a ratio of the height to length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.

- B. Do all ramps longer than six (6) feet have railings on both sides? No _____ Yes _____

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Are railings sturdy, and between 34 and 38 inches high? No _____ Yes _____
- D. Is the width between railings at least 36 inches? No _____ Yes _____
- E. Are ramps non-slip? No _____ Yes _____
- F. Is there a 5-foot-long level landing at the top of the ramp, at the bottom of the ramp, at switchbacks, if any, and at every 30-foot horizontal length of ramp? No _____ Yes _____

The ramp should rise no more than 30 inches between landings.

If ramps are necessary, and the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, lengthening ramp to decrease slope, relocating ramp, rebuilding ramp, adding railings, repairing or adjusting railings, adding non-slip surface materials, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

3. **PARKING AND DROP-OFF AREAS.** Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle)? No _____ Yes _____

For guidance in determining the appropriate number to designate, the table below gives the ADA requirements for new construction and alterations.

Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible
1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces

- A. Are 16-foot wide spaces, with 98 inches of vertical clearance, Available for lift-equipped vans? No _____ Yes _____
- At least one of every 8 accessible spaces must be van-accessible.*
- B. Are the accessible spaces closest to the accessible entrance? No _____ Yes _____
- C. Are the accessible spaces marked with the International Symbol of Accessibility (standard disability parking sign)? No _____ Yes _____

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, reconfiguring spaces by repainting stripes, moving the spaces, adding proper signs, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____

After improvements, if any, have been made, how far will it be between the nearest accessible parking space to the nearest accessible building or mall entrance using the most direct path a wheelchair can safely travel?

Measurement = _____ Feet

Is the nearest accessible space within two hundred (200) feet of the accessible entrance?

No _____ Yes _____

Is the nearest accessible space within one hundred (100) feet of the accessible entrance?

No _____ Yes _____

4. **ENTRANCE.** If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?

No _____ Yes _____

A. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?

No _____ Yes _____

B. Can the accessible entrance be used independently?

No _____ Yes _____

C. Does entrance door have at least 32 inches clear opening (for double door, at least one 32-inch leaf)?

No _____ Yes _____

D. Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle?

No _____ Yes _____

A person using a wheelchair needs this space to get close enough to open the door

E. Is the threshold level (less than 1/4 inch high) or beveled, up to 1/2 inch high?

No _____ Yes _____

F. Are doormats 1/2 inch high or less with beveled or secured edges?

No _____ Yes _____

G. Is the door handle no higher than 48 inches and operable with a closed fist?

No _____ Yes _____

(The "closed fist" test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.)

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

5. ACCESS TO ALL DEPUTY REGISTRAR SERVICES. Ideally, the layout of the building should allow people with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

- A. Does the accessible entrance provide direct access to the main floor, lobby, or elevator? No _____ Yes _____
- B. Are all public spaces on an accessible path of travel? No _____ Yes _____
- C. Is the accessible route to all public spaces and services at least 36 inches wide (except for interior doors)? No _____ Yes _____
- D. Are the aisles between chairs or tables at least 36 inches wide? No _____ Yes _____
- E. Are there spaces for wheelchair seating distributed throughout? No _____ Yes _____
- F. Do interior doors into public spaces have at least a 32-inch clear opening? No _____ Yes _____
- G. On the pull side of interior doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair can get close enough to open the door? No _____ Yes _____
- H. Can doors be opened without too much force? No _____ Yes _____
- I. Are door handles 48 inches high or less and operable with a closed fist? No _____ Yes _____
- J. Are all interior thresholds, if any, level (less than 1/4 inch high), or beveled, up to 1/2 inch high? No _____ Yes _____
- K. Is carpeting, if any, low-pile, tightly woven, and securely attached along edges? No _____ Yes _____

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____

SEATS, TABLES & COUNTERS

- A. Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide? No _____ Yes _____
- B. Is the top of the ADA table or counter between 28 and 34 inches high? No _____ Yes _____
- C. Are knee spaces at accessible tables at least 27 inches clearance height, 30 inches wide, and 19 inches deep? No _____ Yes _____

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____

6. RESTROOM USAGE. Restrooms should be accessible to people with disabilities.

- A. Is there currently a restroom available for use by the customers of the agency? No _____ Yes _____
- B. Is at least one restroom (either one for each sex, or unisex) fully ADA accessible? No _____ Yes _____

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Is there adequate signage identifying the ADA restroom(s)? No _____ Yes _____
- D. Is the doorway of the ADA restroom at least 32 inches clear? No _____ Yes _____
- E. Are doors to the ADA restroom(s) equipped with accessible handles (operable with a closed fist), 48 inches high or less? No _____ Yes _____
- F. Can doors to the ADA restroom(s) be opened easily (5-pound maximum force)? No _____ Yes _____
- G. Does the entry configuration to the ADA restroom(s) provide adequate maneuvering space for a person using a wheelchair? No _____ Yes _____
- H. Is there a 36-inch-wide path to all fixtures in the ADA restroom(s)? No _____ Yes _____

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

STALLS. The following questions apply to ADA restroom(s).

- A. Is the stall door operable with a closed fist, inside and out? No _____ Yes _____
- B. Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)? No _____ Yes _____
- C. In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet? No _____ Yes _____
- D. Is the toilet seat 17 to 19 inches high? No _____ Yes _____

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____

LAVATORIES. The following questions apply to ADA restroom(s).

- A. Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front? No _____ Yes _____
- B. A maximum of 19 inches of the required depth may be under the lavatory. No _____ Yes _____
- C. Is the lavatory rim no higher than 34 inches? No _____ Yes _____
- D. Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)? No _____ Yes _____
- E. Can the faucet be operated with one closed fist? No _____ Yes _____
- F. Are soap and other dispensers and hand dryers within reach ranges and usable with one closed fist? No _____ Yes _____
- G. Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower? No _____ Yes _____

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

5.3 LEASE OPTION

1. I (we)(owners' complete names)

of (owners' complete address)

City _____, State PA, Zip 15126

HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of Jefferson

(state whether city, village or township)
city _____ of Steubenville and commonly known as:

(property's address) 4244 Sunset Blvd

Suite D City Steubenville, Ohio, Zip 43952

to (proposer's name) Matthew J Wilcox

of (proposer's address)

City _____, Ohio, Zip 44663

for the operation of a deputy registrar agency under contract with the Ohio Bureau 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:
 - 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.

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.

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): Barbara Petrola (member)

Owner(s)' printed name(s): Barbara Petrola (member)

STATE OF Ohio:

COUNTY OF Jefferson:

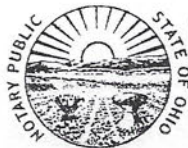
The foregoing instrument was acknowledged before me on this 31 day of Jan, 2025, by the owners, _____

[Signature]
Notary Public

Printed name of Notary Public: Bethany Busana

My commission expires on 01-12-2027

I hereby accept this option.



BETHANY AMBER BUSANA
Notary Public
State of Ohio
My Comm. Expires
January 12, 2027

01-31-2025
Date

[Signature]
Optionee signature, Deputy Registrar Proposer

5.4 PROXIMITY ATTACHMENT

Instructions

If the location you are submitting a proposal for is designated in the Agency Specifications as a deputy Provided **Proximity Site**, complete this form and include the original with your proposal. If it is designated as a Deputy Provided **Non-Proximity Site**, do not submit this form.

This document is for locations which the Registrar has designated for One-Stop Shopping to encourage the deputy registrar to provide a site located close to either an **existing** Driver's License Examination Station or an **existing** Clerk of Courts Title Office.

Bureau of Motor Vehicles (BMV) records indicate that a Driver's License Examination Station or a Clerk of Courts Title Office, or both, are situated within the boundaries of this location.

If there are both a Driver's License Examination Station and a Clerk of Courts Title Office within the boundaries of this location, equal consideration will be given for situating close to either one.

In evaluating the proposed deputy registrar site's proximity to either a Driver's License Examination Station (Exam Station) or a Clerk of Courts Title Office (Title Office), the Registrar intends to give the following consideration:

Highest Consideration: Highest consideration will be given to sites situated in the same building, in an adjacent building, within the same business district, or within the same shopping center as the **existing** Exam Station or Title Office.

Second Highest Consideration: Second highest consideration will be given to sites situated within approximately one-half mile, by most direct public-access route, to the **existing** Exam Station or Title Office.

Proposers shall not attempt to influence a Driver's Examination Station or a Clerk's Title Office to move to a different location at this time. No credit will be given during this RFP process to any proposer who proposes to relocate a Driver's License Examination Station or a Clerk's Title Office to be closer to the proposer's site.

QUESTIONNAIRE (SUBMIT ORIGINAL)

1. Proposer's name _____

2. Street address of proposed site _____

City _____ State _____ Zip _____

3. If the proposed site is close to an **existing** Driver's License Examination Station (Exam Station), what is the address of the Exam Station?

Is the proposed site located within the same building, an adjacent building, the same business district, or the same shopping center as the Exam Station?

No _____ Yes _____

Is it located within approximately one-half mile (0.5 miles) from the Exam Station?

No _____ Yes _____

If YES, specify distance to nearest one-tenth mile: _____

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Exam Station and return):

4. If the proposed site is close to an **existing** Clerk of Courts Title Office (Title Office), what is the address of the Title Office?

Is it located within the same building, an adjacent building, the same business district, or the same shopping center as the Title Office?

No _____ Yes _____

Is it located within approximately one-half mile (0.5 miles) from the Title Office?

No _____ Yes _____

If YES, specify distance to nearest one-tenth mile: _____

Also specify exact directions between the two facilities traveling in both directions (from the proposed site to the Title Office and return):