

# OPERATIONAL EVALUATION (2024)

Cheyenne Furlong  
18-B / 24049  
Cuyahoga County, Mayfield Heights  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points <small>(enter points recorded on bottom of Form 4.0)</small>	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>45</u>	5	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement <b>OR</b> Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>268</u> Proposed: <u>453</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement <small>(2024 Ohio Minimum Wage Rate = \$7.25 or \$10.45 Per Hour)</small>	1	*
4.4	<b>Start-Up Costs Calculation</b>		
	A. Adequate and Accurate Personnel Costs	3	0
	B. Adequate and Accurate Site Preparation Costs	2	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$ <u>31,680.94</u> On Deposit (Form 3.4): \$ <u>32,082.31</u>	5	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

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

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

# PAYROLL COMPARISON – 2024

**Proposer Name: Cheyenne Furlong**

Evaluator Printed Name: Robert A. Fragale

## PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	<u>18-B</u>	<u>28-A</u>	<u>43-C</u>			
Highest Rate	<u>\$17.50</u>	<u>\$17.50</u>	<u>\$17.50</u>			
Lowest Rate	<u>\$12.00</u>	<u>\$12.00</u>	<u>\$12.00</u>			
Number of Hours Recommended	<u>268</u>	<u>174</u>	<u>228</u>			
Number of Hours Proposed	<u>453</u>	<u>335</u>	<u>335</u>			
Total Monthly Wages	<u>\$22,672</u>	<u>\$16,600</u>	<u>\$16,600</u>			

Comments:

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# PERSONAL EVALUATION (2024)

Cheyenne Furlong  
18-B / 24049  
Cuyahoga County, Mayfield Heights  
BMV Site

Evaluation Team Number: \_\_\_\_\_  
Location(s) Proposed: (#1) 18-B 28-A 43-C \_\_\_\_\_  
Proposed as 2<sup>nd</sup> Location \_\_\_\_\_  
**Verify** Proposer's Full Name: (#2) Cheyenne Markie Furlong  
Proposer's County of Residence (NPC Operation): (#4) Lake  
**Verify** Proposer's Driver's License Number: (#6) \_\_\_\_\_  
Proposing as Minority: (#9) Yes \_\_\_\_\_ No X  
Proposing as: (#10) Individual X Clerk of Courts \_\_\_\_\_ Co. Auditor \_\_\_\_\_ Nonprofit Corp. \_\_\_\_\_

## SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>100</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

**TOTAL POINTS** (Max. 258 Points): 258

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

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u>Robert A. Fragale</u>	<u>Robert A. Fragale</u>	<u>2/26/24</u>
(2)	_____	_____	_____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	(5)	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	(0)	0	
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	(5)	*	
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	(5)	*	
5. Proposer is not a State of Ohio employee or will resign? (#19)	(5)	*	
6. Proposer is not an active insurance agent or is nonprofit? (#20)	(5)	*	
7. Proposer states no criminal conviction within the last 10 years? (#21)	(5)	*	
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	(5)	*	
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	(5)	*	
10. Proposer can meet bond requirements? (#24 and acceptable proof)	(5)	*	
11. Acceptable educational information OR nonprofit corporation? (#25)	(5)	0	
12. Proposer has computer training or experience? (#26)	(5)	0	

**PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 55**

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

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

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**BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION**

Person called: Verified at telephone ( ) \_\_\_\_\_

Company: Bedford License Bureau

Relationship: Office Manager

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

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

Hours per week: 38-43

From (date): 10/2019 To (date): Present Length: 4 years 4 months

Verified Hours 38-43 = Factor 1 x Years 4.4 x Points 25 = 110

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.		# NA = 1.0	x	x 50 =		
B.		# NA = 1.0	x	x 50 =		
C.		# NA = 1.0	x	x 50 =		
<b>Subtotal of 13-A, 13-B &amp; 13-C =</b>						

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

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

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

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS	x	POINTS =	SCORE	VERIFIED
A.	Bedford License Bureau	# 3843 = 1	x 4.4	x 25 =	110	✓
B.		# =	x	x 25 =		
C.		# =	x	x 25 =		
<b>Subtotal of 15-A, 15-B &amp; 15-C =</b>					110	

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

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

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

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

### 17. OTHER EMPLOYMENT Experience, Form 3.2

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

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

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

**PERSONAL EVALUATION**

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	2	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	5	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	5	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	5	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	11	0
B. Equal Employment Opportunity?		
C. Employee training by the deputy registrar?		
D. Participation in BMV provided training?		
E. Evaluation of employee performance?		
F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?		
G. Progressive disciplinary steps?		
H. Dress code with list of acceptable attire?		
I. Dress code with list of unacceptable attire?		
J. A policy for maintaining the professional appearance of all staff at all times?		
K. Fringe benefits (beyond those required by law or contract)?		

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

28

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

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

**PERSONAL EVALUATION**

OK | NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:		
A. An electronic alarm system? (Mandatory)	13	*
B. Alarm system monitored 24 hours, off-site? (Mandatory)		
C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
E. Motion detectors connected to alarm system? (Mandatory)		
F. Alarm monitored contacts on all exterior doors? (Mandatory)		
G. Alarm monitored contacts on all exterior windows? (Mandatory)		
H. Video recording camera surveillance system? (Mandatory)		
I. Safe or secured locking cabinet? (Mandatory)		
J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)		
K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)		
L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)		
M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?		
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO		

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
A. Indoor/Outdoor maintenance and cleaning?	0	0
B. Prompt snow and ice removal?	0	0
C. Carpet and/or floor cleaning (if appropriate)?	0	0
D. Repainting?	0	0

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

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

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

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**PERSONAL EVALUATION**

OK | NO

24. Form 3.9 – Involved and Invested in Your Business		
1. How do you plan to manage, be responsible, and be accountable for this business at all times?	①	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	①	0
3. What measures will you put in place to detect, deter, and prevent fraud?	①	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	①	0
5. How will you demonstrate good leadership to your employees?	①	0
6. How will you maintain a high level of professionalism each day in this business?	①	0
7. How do you intend to recruit and retain high quality employees?	①	0
8. How will you provide a safe, clean, and friendly place to do business?	①	0
9. How would you deal with an irate customer?	①	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	①	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	①	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	①	0
25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation		
A. Did proposer submit proper affidavit <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	③	*
B. Is it the affidavit duly signed and notarized?	②	*
26. Local Law Enforcement Report / Articles of Incorporation (AOI)		
A. No disqualifying convictions for individual / AOI for nonprofit corporation?	③	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	②	0
27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation		
No disqualifying convictions for individual / AOI for nonprofit corporation?	⑤	*

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

**PERSONAL EVALUATION**

OK | NO

28. Credit Report (issued in 2024) / Certificate of Good Standing for Nonprofit Corporation *Credit Reports are not required for County Auditors and County Clerks of Courts		
A. Credit report submitted contains credit score?	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?	2	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.		
29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)		
	2	0

**PERSONAL EVALUATION POINTS, Page 8 (Max. 15 Points)**

15

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

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

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### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Cheyenne Markie Furlong

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			
2024 Credit Report	✓			N/A	X	1		2024 Certificate of Good Standing			
2024 Local Law Enforcement Report	✓			2024 Local Law Enforcement Report				Articles of Incorporation			
2024 WebCheck Receipt	✓			2024 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			
<b>INDIVIDUAL</b>				<b>COUNTY AUDITOR OR CLERK OF COURTS</b>				<b>NONPROFIT CORPORATION</b>			

### 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:

43-C

18-B

28-A

\_\_\_\_\_

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2. Full legal name of proposer Cheyenne Markie Furlong

3. Proposer's street address \_\_\_\_\_

City Willoughby

State Ohio

Zip code 44094

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

5. Daytime telephone \_\_\_\_\_

6. Proposer's driver's license number (nonprofit corporation N/A) \_\_\_\_\_

7. Spouse's name (nonprofit corporation N/A) Brett Alexander Furlong

8. Spouse's home street address (nonprofit corporation N/A) \_\_\_\_\_

City Willoughby

State Ohio

Zip code 44094

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? \_\_\_\_\_

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 <input checked="" type="checkbox"/>
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___

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

Yes \_\_\_ No

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

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

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

No \_\_\_ Yes

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

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

Yes \_\_\_ No

B. If "YES," will you resign, if appointed? No \_\_\_ Yes \_\_\_

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

Yes \_\_\_ No

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

Yes \_\_\_ No

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

Yes \_\_\_ No

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

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

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

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

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

High school diploma?

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

High school name Kirtland High School

City Kirtland State Ohio Zip 44094

College name Lakeland Community College

City Kirtland State Ohio Zip 44094

Major Biology Degree awarded \_\_\_\_\_

College name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

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

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

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

I have utilized BMV computers and BASS software during my time with the Bedford, Ravenna, and Garfield Heights agencies.

I am familiar with how to access the manual and most importantly how to navigate it. I also have experience with computers in

other fields as well. Within my time at University Hospitals I used a computer as both a Revenue Cycle Access

Representative II and the Administrative Assistant for the Step Down Unit. At UH we used multiple systems including

healthcare specific ones such as Soarian Financials, Soarian Clinicals, IDX, Acute Care, RevSpring, and OnBase- just to name a

few. We also used Microsoft Word, Microsoft Excel, Microsoft Power Point, Microsoft Outlook, Cisco Systems, and Google Chrome.

I have experience with banking software from my time with Huntington National Bank as well. Not to mention the multitude of

experience recieved during my years of schooling, including a computer course during my time in college.

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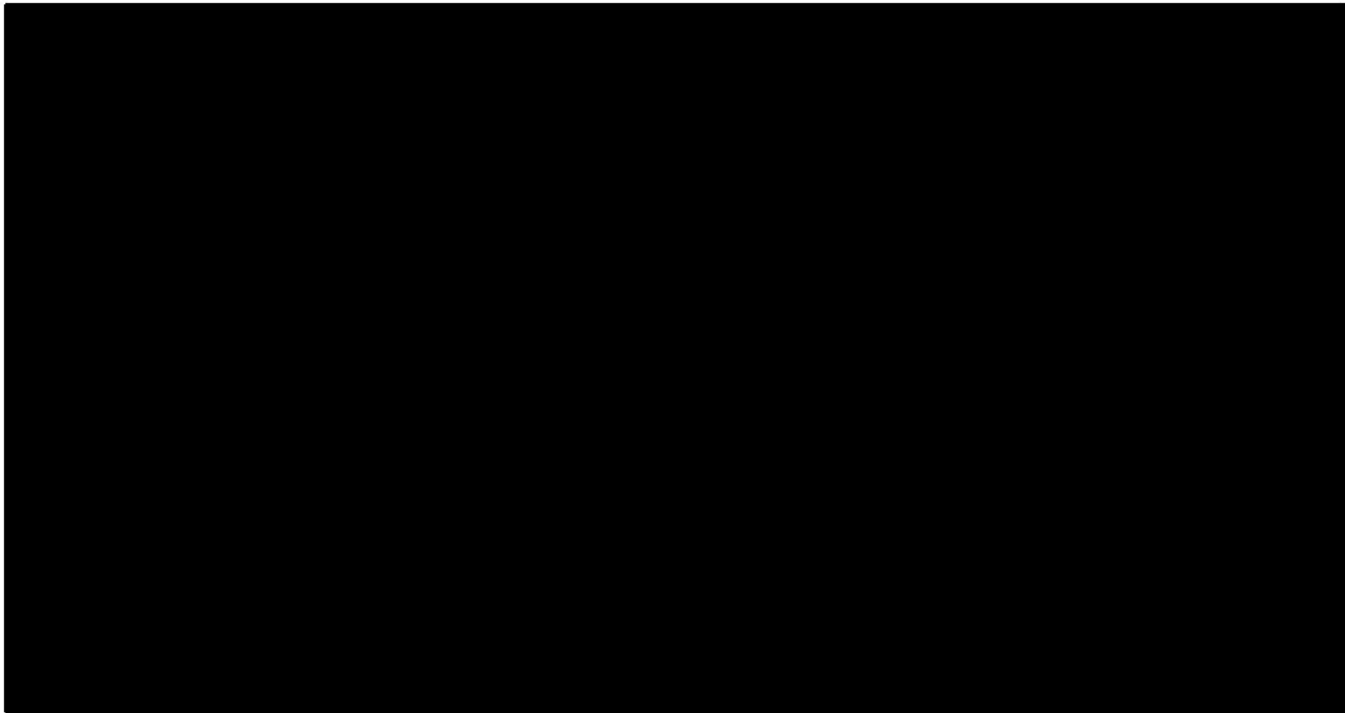
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27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.





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.

### 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 Cheyenne Markie Furlong Company name Bedford License Bureau

Company address 22125 Rockside Road City Bedford

State Ohio Zip 44146 Telephone ( 216 ) 662-3194

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

Simultaneously working at the Ravenna License Bureau, they have the same Deputy Registrar- David Lasky.

Management/supervisory duties I enhanced my skills with customer interactions both positive & dealing with conflict management. It also taught me the rules for issuing in a license bureau. Working under a very tenured deputy I learned many additional skills needed to run the back office of a BMV.

MANAGER OR SUPERVISOR - Job title: Office Manager

1. Title of position Office Manager Hours worked weekly? 38-43

2. Dates this position was held: From: month 10 year 2019 To: month 01 year 2024

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? 15

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

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

### 3.2(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 Cheyenne Markie Furlong Company name Little Mountain Brewing Company  
Company address 7621 Mentor Avenue City Mentor  
State Ohio Zip 44060 Telephone ( 440 ) 256-1645  
Type of business (deputy registrar, retail grocery, etc.) Brewery, Winery, & Restaurant

Management/supervisory duties Training new hires, balancing tills, splitting tips, scheduling parties and brew groups for on site events, opening and closing the business, and running events such as open mic nights.

MANAGER OR SUPERVISOR - Job title: Manager

- Title of position Front of House Manager Hours worked weekly? 32
- Dates this position was held: From: month 12 year 2013 To: month 11 year 2015
- Do/did you directly hire, evaluate, train, and discipline employees? No  Yes
- Do/did you directly manage/supervise employees on a daily basis? No  Yes   
If you answered yes to question number 4, how many employees do/did you manage? 8
- Have you ever developed a comprehensive business plan? No  Yes

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

Name	City	State	Zip	Daytime Phone
[REDACTED]				

### 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 Cheyenne Markie Furlong Company name FRC Enterprise  
Company address 35901 Euclid Avenue City Willoughby  
State Ohio Zip 44094 Telephone ( 440 ) 951-1020  
Type of business (deputy registrar, retail grocery, etc.) Casual Dining

Management/supervisory duties Developing the schedule biweekly, balancing the safe & the tills, creating a deposit for Brinks, taking & processing catering orders, creating training plans, sitting in on interviews and choosing new hires, taking inventory, and ordering.

MANAGER OR SUPERVISOR - Job title: Manager

- Title of position Assistant Manager Hours worked weekly? 40
  - Dates this position was held: From: month 04 year 2008 To: month 12 year 2012
  - Do/did you directly hire, evaluate, train, and discipline employees? No  Yes
  - Do/did you directly manage/supervise employees on a daily basis? No  Yes
- If you answered yes to question number 4, how many employees do/did you manage? 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.)

Name	City	State	Zip	Daytime Phone
[Redacted]				

### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Cheyenne Markie Furlong Company name Garfield Heights License Bureau  
Company address 14000 Broadway Avenue City Garfield Heights  
State Ohio Zip 44125 Telephone ( 216 ) 662-3004  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar

EMPLOYEE - Job title: Customer Service Representative/ Data Entry Clerk

Hours worked weekly 32 Job duties Driver's Licenses, State ID's, TIPIC's, Vehicle Registrations,

Temporary Tags, Out of Sate Inspections, CDL's, Reinstatement, Voter Registrations, Driver's Abstracts,

Commercial Dealer Work, Out of State Conversions, and Disability Placards.

Dates of this employment: From: month 1 year 2018 To: month 10 year 2019

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

Welcomed customers with a warm greeting and a smile. Always made sure to work fast and efficient to keep wait times down.

Verified with customers that there wasn't anything else they needed before ending the transaction. Made sure the voice of the customer was

heard and that their concerns or questions were addressed. Offered options when available and was clear and precise. Thanked clients.

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

Name	City	State	Zip	Daytime Phone

### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Cheyenne Markie Furlong Company name UH Lake West Medical Center  
Company address 36000 Euclid Avenue City Willoughby  
State Ohio Zip 44094 Telephone ( 440 ) 953-6170  
Type of business (deputy registrar, retail grocery, etc.) Hospital

EMPLOYEE - Job title: Administrative Assistant for the Step Down Unit

Hours worked weekly 24 Job duties calling in consults, contacting PCP's, putting together discharges for

SNF's and hospice, assigning RN's their patients and maintaining census based on daily staffing, accepting admissions, facilitating transfers,

creating & maintaining patient charts, updating life support instruction & healthcare POA's, and being the first point of contact for the unit.

Dates of this employment: From: month 3 year 2022 To: month 12 year 2022

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

I was the first point of contact for patients, families, and medical personel on the unit. I made sure to approach each encounter with empathy

and professionalism. I was detail oriented and responsible, making sure all concerns/ requests were handled. If I could not directly resolve

or complete a task I followed through to its resolution. I made sure to treat each task with the highest level of care and remained calm in high tension or life threatening situations.

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

Name	City	State	Zip	Daytime Phone

### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Cheyenne Markie Furlong Company name UH Geauga Medical Center  
Company address 13207 Ravenna Road City Chardon  
State Ohio Zip 44024 Telephone ( 440 ) 285-6261  
Type of business (deputy registrar, retail grocery, etc.) Hospital

EMPLOYEE - Job title: Revenue Cycle Access Representative II

Hours worked weekly 32-36 Job duties Registering patients, precerting insurance, running medical necessity for Medicare B patients, verifying & allocating insurance, checking patients in for appointments, working with OB's to schedule upcoming inductions, and running estimated costs for outpatient radiology testing.

Dates of this employment: From: month 03 year 2020 To: month 03 year 2022

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

Always greeting patients with a smile or a friendly warm tone if via phone. Helping explain testing procedures or next steps

if the patient is unaware. Helping patients find their way around the hospital if lost. Helping those in need to waiting areas or testing rooms.

Updating family if requested by the patient. Assisting patients to apply for payment plans. Staying late on Saturday's if a test needed it.

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

Name	City	State	Zip	Phone
[REDACTED]				



### 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 Cheyenne Markie Furlong Company name Mawa Inc

Company address 38501 Lakeshore Blvd City Willoughby

State Ohio Zip 44094 Telephone ( 440 ) 942-6520

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

EMPLOYEE - Job title: Bartender

Hours worked weekly 32 Job duties Stocking, cooking, cleaning, tending bar, paid out entertainment,

taking care of customers needs, key holder for the buisness to open and close the facility, developed specials to increase

buisness based off customer preferences & seasons, and hosted special events like trivia night/ wine & paint.

Dates of this employment: From: month 07 year 2014 To: month 12 year 2017

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

Took note on high selling items throughout different seasons and holidays to update specials and happy hour offerings, remembered

customer preferences for frequently returning patrons, kept the kitchen open later for customers coming in after work or would still provide

food when requested if able, always greeted customers with a smile, and provided dial a ride numbers/ assistance with transit.

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

Name	City	State	Zip	Daytime Phone

### 3.2(C) EMPLOYEE EXPERIENCE

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

Proposer's name Cheyenne Markie Furlong Company name Huntington National Bank

Company address 3199 Berea Road City Cleveland

State Ohio Zip 44111 Telephone ( 216 ) 515-0009

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

EMPLOYEE - Job title: Customer Service Representative/ Teller

Hours worked weekly 40 Job duties Processing deposits, withdrawals, & transfers, balancing a till,

balancing the ATM, issuing money orders, issuing certified checks, access to safety deposit boxes, and referrals for new accounts.

Dates of this employment: From: month 01 year 2013 To: month 12 year 2013

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

Always greeting customers with a smile, helping customers with banking needs, making sure to treat every

customer regardless of their account status with discretion and appreciation, helping customers understand banking

procedures, and assisting customers with forms needed to process transactions.

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):

This is a list of ideas I have to improve customer service at my deputy registrar agency:

- When wait times are longer than 10 minutes provide a staff member that verifies customers have adequate documents needed to process their transactions so they are not waiting in line to find out they may be missing something at the counter.
- Whenever possible open early to help get people in and out that are on their way to work or appointments.
- Assist elderly and impaired customers as much as possible. Provide a specific window dedicated to assisting those that may not be able to stand at the counter that has a seat and can accommodate a wheelchair.
- Provide public telephone numbers for associated businesses our patrons may need. Examples would be the numbers for a local title office, testing center, reinstatement, or even the local courts and vital statistics.
- Make sure the customers understand what to expect from their transactions, like informing them ahead of time that the signature at the end of the screen prompts is the one that prints on their license/ID during a renewal or issuance.
- Anytime someone provides their ID/DL/TIPIC for a transaction to verbally give the customer a reminder of when it expires, "Here is your license back it will not expire till next year on your birthday".
- If there is no testing center within a fair distance from the agency provide computers to allow customers to take their temporary permit tests on site.
- When available hire bilingual staff to assist customers who may not speak English as their first language.
- On high volume days have someone specifically taking license photos to help employees at the counter be able to go from one transaction to the next to help minimize wait times.

### 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: Cheyenne Markie Furlong

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 2021		JAN 1 - DEC 31 2022		JAN 1 - DEC 31 2023		2024 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

### 3.6 PERSONNEL POLICY

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

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

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

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

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

### 3.7 SECURITY PLAN SUMMARY

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

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

Yes  No

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

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

### 3.8 FACILITY MAINTENANCE PLAN SUMMARY

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

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

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

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

### 3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

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

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

In the words of Stephen R. Covey, "The key is not spending time, but investing it." I plan not just to be on the sidelines overseeing the business, but also to be apart of it. Investing it within myself. Setting an achievable vision and painting an accurate picture of goals and deadlines to follow. Being proactive and communicating effectively with clear expectations. Knowing the policies and procedures set forth by the Bureau of Motor Vehicles to be able to manage the agency responsibly and within the guidelines they expect. To be able to learn and grow with each new and/or revised procedural or policy change and as needed within the business itself.

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?

Having staff that is satisfactorily trained will play a key role to ensuring that all laws, rules, guidelines, and procedures are followed. Verifying that they not only understand what is expected, but why and the reason it is so important to require and process transactions in the necessary way. Promptly relaying broadcasts that provide new and/or updated procedures effectively to stay current is of monumental significance as well. Providing an environment where my employees hold themselves accountable and responsible for their work and feel pride in their knowledge on the transactions they are completing. Supervising transactions completed by clerks and having those in leadership roles being committed to providing their coworkers with the support and assistance they would require to ensure all expectations from the BMV are met with each transaction. Checking transactions that are completed for errors and making sure that errors being made are corrected, but also that staff is given the proper coaching to remedy the issue and make sure it doesn't occur again. Approaching employees making an error with professionalism will be of utmost importance.

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

All agency employees will take part in the fraudulent training courses as required by the Bureau of Motor Vehicles before obtaining access to BASS and being able to issue/ complete transactions for customers. I will make sure existing employees attend the course as needed based off of guidelines established. Employees will be instructed on how to access information on fraud and tools provided by the bureau in case the need arises. They will also be trained on what to look for to verify authenticity on regularly utilized documents required to process transactions. It will be stressed that managers and those in leadership positions are there to assist and should be asked for assistance if ever the want or need should arise. By making sure my staff is knowledgeable on the BMV's process of submissions for investigative review I will also insure that each member of my staff is constantly and consistently monitoring during each transaction for fraudulent activity and if an event occurs they will be properly prepared on how to remain calm during the transaction and complete the necessary steps to report it.

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?

To ensure that all new and/or revised policy procedural changes are communicated promptly and effectively within my agency I would prioritize the distribution of broadcasts throughout the entire staff. Before approaching the staff as a whole, I would huddle with staff in management positions. This would ensure those in leadership roles were thoroughly informed, comfortable, and confident with all new and/or revised information. A printed copy of the broadcast issued via email would be circulated and after each member has read and asked any associated questions needed to assure complete comprehension, I would require then to initial. By utilizing this system I would then be able to see who was supplied this information and make sure those who were not in office on the day of distribution were provided this information on their next in office shift. I would then file all broadcasts in an accessible area for staff to access and be able to review if the need or want should arise. Checking in with staff throughout the days to follow on any questions or concerns they have regarding changes made as an effect of those broadcasts would allow me to remain responsible and accountable on behalf of my agency and ensure my staff's adoption of the updates being utilized on a daily basis.



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

I will demonstrate good leadership to my employees by making sure that my actions act as a driving force to guide my team to success by inspiring them to always be their best. Placing importance on team work and helping to show them what it means to be a team player and how to work together to achieve greatness. Always approaching employees, customers, and situations with professionalism. Working as one within the team and placing value on our customer, putting them first. Checking in on my employees and asking them if they need anything or if there is anything I can do for them to better explain or help them understand more. Making sure that they feel comfortable, confident, and proud of the workplace environment- creating one in which they can thrive. Being constant and consistent with clear goals.

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

Achieving professionalism involves both the work you do and the way you behave while conducting it. I will be productive, take the initiative, demonstrate integrity, and provide excellence while utilizing my time efficiency and being a problem solver. Train my employees to do the same as well as making sure we are all respectful and kind to the customers at all times. I will pay attention to interactions between staff and patrons, offering positive criticism if needed to assist in having more professional interactions in the future. As a group we will discuss policies and wait times to help us better suit our customers needs. Working together to discover areas in which we can improve to uphold our professionalism as a team.

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

I pledge to do my best to hire and retain employees who have experience working in a deputy registrar agency. Hiring existing employees when possible and providing employees with expertise offers that are equivalent to their current conditions and hourly rates. Reaching out to employees of bureaus that may be closing or relocating to see if our location would be of interest to them. Contacting other deputy's that are currently fully staffed to offer open positions to staff looking to return to the BMV a spot at our location since they don't have one at their previous location if applicable. Retaining employees will be accomplished by a combination of means. One of which will be respect, I will always treat my employees with this. Letting them know and truly feel how important they are to the team as a whole and how much they are appreciated. I will encourage their input and feedback and invest in them. I will provide flexibility, as allowable, for requested days off and scheduling. I will also offer competitive wages and opportunities to grow and earn leadership roles as fit for the situation.

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

I will ensure a safe and clean environment is provided by adopting a security plan and a facility maintenance plan that meet and/or exceed requirements set by the Bureau of Motor Vehicles. I will also have a daily chore list to guarantee cleanliness. I will routinely check equipment and systems used to monitor our agency to verify everything is in proper working order and keeping us safe. Greeting our customers in person with a smile and over the phone with a warm tone will allow us to display to our patrons that we are a friendly place to do business. Providing prompt service, making eye contact, and truly listening to our customer during our interactions. Making sure to check with our customer at the end of the transaction that all of their needs were either satisfied or they were given proper information to assist them working towards completing their goals. Always thanking the customer and letting them know we were happy to help them. Welcoming them back to us for future needs by telling them, "we will see you next time" or to "let us know if there is anything else we can help you with". Making sure they know their needs are ours as well and our goal is to help them accomplish their completion.

9. How would you deal with an irate customer?

Remain calm and collected during the interaction, keep in mind that their anger is not personal. Active listening is key, repeat back important highlights of what your customer is explaining to you. Thanking the customer for providing you with the information they are relaying and bringing this to your attention. Draw from your past experience to show you understand where the customer is coming from and have empathy, if applicable. Explain the steps you intend to follow to remedy the situation or how you will go about reaching out to someone who can help if it is a problem you can not assist with. If needed or possible make sure to follow up with the customer to verify the issue was resolved or that the solution is in the works.

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

Always remember that their anger is not personal and understand that even an irate customer has value. There is always something to learn from an interaction, especially a difficult one, and it gives us a chance to turn a negative situation into a positive one. I would make sure that my employees all know how to actively listen, this helps us gain the trust of the customer and is a huge first step to start to rectify the situation. Confirm that they understand in these scenarios the importance of showing empathy, keeping a calm tone in their voice, and not to take the behavior personally. Providing my employees with proper training and tools to help them navigate the situation and/or direct the customer through the proper channels to have their issue resolved will be of the most importance. Make sure they know if they ever need assistance they need not hesitate to ask for help.

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

I would make sure to follow all policies and procedures set forth by the BMV and verify that they are all being strictly enforced within my agency. The Bureau of Motor Vehicles strives to provide exceptional customer service and believes that it directly supports the mission of the department and links directly to each employees job function. I would hold high standards in customer service and provide efficient training to verify that all employees were skilled in client interactions. Gauranteeing efficient and convenient services were offered to every single one of our patrons. As stated by the BMV on their website, "Meet our customers' needs where they are, not where we are". Continuously approaching each customer and interaction with service oriented professionalism, respect, courtesy, kindness, and a positive overall demeanor. Taking knowledgable and appropriate action to complete the customers need or finding the correct route the customer can take to do so.

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

I believe there are many reasons why the Bureau of Motor Vehicles should consider me for a deputy registrar license agency contract. For starters, I have the skills and relevant experience of a qualified employee as I have worked at the Garfield Heights, Bedford, and Ravenna License Bureau locations. I am also confident that I can make an immediate impact on my own agency. I take pride in my work and anything I put my name on I make sure is the best I can make it. I am highly organized and goal oriented. My background is saturated in customer service and I have plenty of experience dealing with customers from irate to friendly. I would consider myself dedicated and dependable, someone that coworkers and customers can truly rely on. Not to mention I whole heartedly enjoy working for the BMV. Over my years I have worked hard to advance within this buisness from data entry to now proposing to become a deputy registrar. This is where I see myself and my career, this is not just a job to me. I will put my all into and invest in my agency with everything that I have for the bureau and the customer. Serving the people of Ohio is an honor.

**3.10(A) AFFIDAVIT OF INDIVIDUAL**

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

County of Lake :

State of Ohio :

I, Cheyenne Markie Furlong, 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: Cheyenne Markie Furlong

Sworn to and subscribed in my presence by the above named Cheyenne Markie Furlong

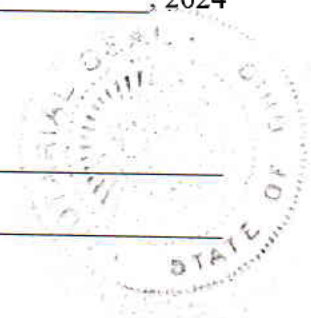
on this 26 day of January, 2024

  
Notary Public

Printed name of Notary Public: JEFF McGAFFICK

**JEFF McGAFFICK**  
Notary Public, State of Ohio  
Life Commission  
Recorded in Lake County

My commission expires: \_\_\_\_\_



## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Cheyenne Markie Furlong

Location Number 18-B

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

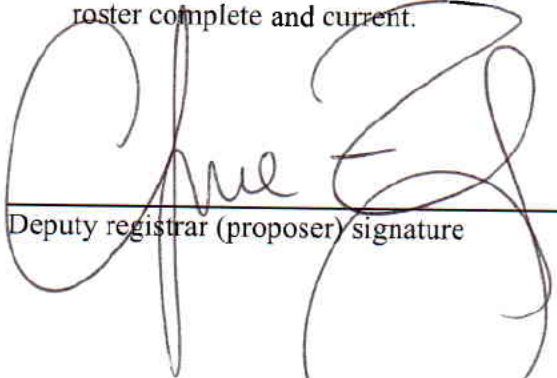
**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>31,680.94</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Cheyenne Markie Furlong Location number: 18-B

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 45 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: 01/22/2024

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Cheyenne Markie Furlong Location number: 18-B

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

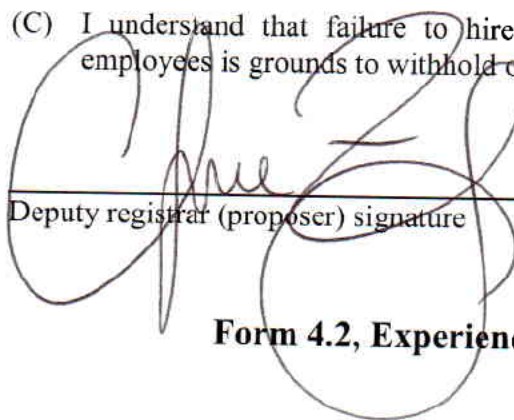
(B) CHECK WHICHEVER APPLIES:

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

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

Name of Experienced Employee	Length of Experience
Bonny Smith	13 years
Cheyenne Markie Furlong	6 years
Doris Blackwell	5 years
Courtney Pelfrey	3 years
Dianies Josue	3 years

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

  
Deputy registrar (proposer) signature

Date: 01/22/2024

**Form 4.2, Experienced Employees Summary (2024)**

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Cheyenne Markie Furlong Location number: 18-B

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

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

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

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$385,000 per year and \$10.45 per hour by businesses with gross receipts of \$385,000 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	45.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)				
Assistant Office Manager	40.00	\$ 17.50	\$ 700.00	\$ 2,800.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>5</u>	184.00	\$ 15.00	\$ 2,760.00	\$ 11,040.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>5</u>	184.00	\$ 12.00	\$ 2,208.00	\$ 8,832.00
<b>TOTALS</b>	<b>453.00</b>	<b>N/A</b>	<b>\$ 5,668.00</b>	<b>\$ 22,672.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Cheyenne Markie Furlong Location number: 18-B

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

### 1. PERSONNEL COSTS (FOUR WEEKS)

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

\$ 22,672.00

### 2. SITE PREPARATION COSTS (AMORTIZED)

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

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

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

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

\$ 0.00

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

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

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

One month's rent: \$ 3,002.98 x 3 = \$ 9,008.94

### 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]

\$ 31,680.94



**STATE OF OHIO**  
**DEPARTMENT OF PUBLIC SAFETY**  
**BUREAU OF MOTOR VEHICLES**  
**DEPUTY REGISTRAR CONTRACT – 2024**

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 Cheyenne Markie Furlong \_\_\_\_\_, (deputy registrar, herein) whose

home mailing address is \_\_\_\_\_

(City) Willoughby, Ohio (Zip) 44094, to operate a deputy

registrar agency, Location No. 18-B, to be located as follows: in the

State of Ohio, County of Cuyahoga

City/Village/Township (indicate which) City of Mayfield Heights

Street address: 1593 Golden Gate Plaza

(City) Mayfield Heights, Ohio (Zip) 44124

**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 2024 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 2024 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 30<sup>th</sup> day of **June, 2024**, and shall end on the 30<sup>th</sup> day of **June, 2029**, unless otherwise terminated as provided herein;

**Form 4.5, Deputy Registrar Contract (2024)**

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 2024 Deputy Registrar Contract Terms and Conditions incorporated herein.

Deputy Registrar signature

Date

1/26/2024

STATE OF OHIO

COUNTY OF Lake

Before me, a notary public in and for said county and state, personally appeared the above named Cheyenne Markie Furlong, 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 26 day of January, 2024.

NOTARY PUBLIC

Printed name of Notary Public:

JEFF MCGAFFICK  
Notary Public, State of Ohio  
Life Commission  
Recorded in Lake County

My commission Expires:

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



BY:

REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on