



*Karen Herr*  
*Mason County*  
*Auditor*

P.O. Box 400  
411 N. 5th Street  
Shelton, WA 98584  
Phone (360) 427-9870  
Fax (360) 427-1753  
<http://auditor.co.mason.wa.us>

---

## REQUEST FOR PROPOSAL

For

Vehicle Subagency Replacement in the Greater Shelton Area

Mason County Auditor's Office

Motor Vehicle/Vessel Licensing Department

Application Submission Deadline:

January 7, 2019

Prior to 4:00 p.m.



*Karen Herr*  
*Mason County*  
*Auditor*

P.O. Box 400  
411 N. 5th Street  
Shelton, WA 98584  
Phone (360) 427-9870  
Fax (360) 427-1753  
<http://auditor.co.mason.wa.us>

To: Vehicle/Vessel Licensing Applicants  
From: Karen Herr, Mason County Auditor  
Re: Request for Written Business Proposal

Mason County is now accepting written business proposals for a replacement vehicle/vessel licensing subagent office in the greater Shelton area. This is an open competitive appointment process that will allow the selected applicant to open a Vehicle Licensing Subagency in Mason County. The opening date is December 4, 2018 and the closing date is January 7, 2019.

Mason County will make a recommendation to the State Director of the Department of Licensing who makes the final subagent appointment.

**It is important to understand that we are asking for a proposal.** We do not expect nor do we require, signed leases, employment contracts, or any obligation that is binding in any way.

Please submit your written business proposal to Mason County Auditor either by mail or by physical delivery.

Mailing Address:

Mason County Auditor's Office  
PO Box 400  
Shelton, WA 98584

Physical Address:

Mason County Auditor's Office  
411 N. 5<sup>th</sup> Street  
Shelton, WA 98584

For any questions, please contact Karen Herr, Mason County Auditor, at 360-427-9670 ext. 468 or at [karenh@co.mason.wa.us](mailto:karenh@co.mason.wa.us) in 2018. Please contact Jill Tullar, Recording Manager, at 360-427-9670 ext. 732 or at [JTullar@co.mason.wa.us](mailto:JTullar@co.mason.wa.us) in 2019.

The Department of Licensing provides equal opportunity when appointing Subagents. We encourage all qualified persons to apply, including members of protected groups under applicable state and federal law.

**All written proposals must be received no later than 4:00 p.m. on January 7, 2019.**

## **Purpose and Background of Subagents**

### **What is a Subagency?**

First and foremost, titling and licensing services are a government activity. Subagents, as privately operated businesses, are appointed by the State for the purpose of providing vehicle and vessel title and licensing services to the public, in addition to any other services allowable by law or by policy that may be appropriate. The use of subagents allows licensing services to be offered in more locations and in more convenient locations than just the County Courthouse.

The appointment itself is not a business per se and there are no owners in the usual sense. The appointment cannot be sold, traded or otherwise transferred to a different person or persons. If the appointee is an established business at the time of application, the owners of the business are the appointees and if the business changes ownership, the appointment is canceled and subject to procedures for appointment of a replacement subagency.

### **What are the Levels of Authority?**

The Legislature has created laws to govern the licensing and titling of vehicles and vessels. The Department of Licensing (DOL) has been charged by the Legislature with this responsibility. DOL has been authorized to appoint Agents (County Auditors) and subagents to assist them in the performance of these duties.

The Agent (County Auditor) reports directly to DOL. The number of subagents for a particular county is determined primarily by the number of transactions that occur in that county. Subagents are selected by the Agent through a competitive proposal process.

The Agent is responsible for the training, monitoring, oversight and auditing of the subagents within their jurisdiction.

### **What is the Nature of the Work?**

Operating a vehicle/vessel licensing subagency is essentially and most importantly a public service. Members of the public seek a full range of vehicle/vessel licensing services. The subagency must provide full motor vehicle licensing services; examples include:

- Preparing and processing original ownership of vehicles/vessels and issuing duplicates for the same;

- Processing annual renewals of vehicle/vessel licenses and issuing duplicates for the same; Preparing and processing registration documents;
- Preparing permits, tonnage and specialized registrations (i.e. farm vehicles, snowmobiles, etc.);
- Calculating, collecting, depositing and reporting of associated fees;
- Receiving and controlling all accountable inventory associated with licensing;
- Providing all services related to disability parking transactions.

### **What does DOL provide?**

Unlike private operations, much of the operation of this service is provided by the State of Washington through DOL. Tangible and intangible items include;

- Written policies and procedures for conducting transactions;
- Equipment related to licensing transactions
  - Statewide software system
  - Desk, computers connected to statewide system;
  - Printers
- Forms
- Specialized paper
- Accountable inventory, including plates, tabs, placards, and permits.

### **What does the Subagent provide?**

The owner of a subagency must provide the remaining aspects of the business, some of which must meet specific conditions set by DOL:

- An adequate, secure office space;
  - Including sufficient and convenient public access and parking that meets ADA accessibility requirements;
- Adequate staff, in terms of numbers and training, to meet public demands for service;
  - Staff must be tested and certified by the Agent before processing licensing and titling transactions on the statewide software system, which requires training, experience and successful completion of testing.
  - Staffing levels must be sufficient to ensure that the public is served in a timely manner. Staffing levels should take into account breaks, lunches, sick and vacation time.
- Basic business equipment, such as phones, calculators, work space, and cash drawers;
- Insurance and bond coverage with the name insured as Mason County and the State of Washington, Department of Licensing and must require the insurer to provide thirty day written notice of any cancellation or alteration of the

endorsement or policy. All bonds must be issued by a company authorized to transact surety business in the State of Washington and acceptable to DOL.

- Fidelity bond to provide fidelity coverage for any fraudulent or dishonest act committed by the subagent or by a subagent employee'
- Insurance coverage equal to the replacement cost of the state property (including the loss of monies and/or securities) in the subagent's possession, including fire, casualty, vandalism, and malicious mischief, at a minimum;
- Insurance against robbery inside and outside the premises. Policy must include the actual value of license tabs and license plate replacement costs as well as money; and
- A checking account at a local bank in the name of the Department of Licensing, Agency Account, Subagency Name, Subagent. Signatures on the account include representatives of DOL, Agent and Subagent. The bank must accept electronic withdrawals and deposits.

#### **How is the subagent paid?**

Subagents receive a fee per transaction completed. The fees retained by the subagent are \$12.00 for each title transfer and \$5.00 for each tab renewal.

The state and county portions of the fees are transferred daily. The state performs an electronic withdrawal on a daily basis. The subagent writes a check daily to the county.

## **Business Plan Proposal | Potential Costs/Budget Items**

Below are some costs you may incur in doing business as a Subagent.

### **General Costs**

- Rent or lease
- Taxes (local, State, Federal)
- Insurance
- Bond
- Remodeling
- Photo copying services
- Office furniture and counters
- Messenger or common carrier
- Publications, (Vehicle appraisal guides, zip code)
- Accountant fees
- Agent fees
- Parking facility
- Attorney fees
- Office supplies
- Janitorial
- Banking charges
- Membership dues
- Advertising
- Signage
- Utilities
- Yellow page listing
- Postage

### **Equipment**

- Installation of communication lines for DOL equipment
- Telephone
- Fax
- Safe or vault
- Security system
- Answering machine
- Copy Machine

### **Personnel**

- Salaries
- Benefits
- Insurance
- L & I insurance
- Travel

## Specific Information regarding Mountain View Licensing Subagent

*Information below is for informational purposes only – and may be subject to change with replacement subagent*

### **Current Physical Location:**

301 E. Wallace Kneeland Blvd, Ste. 240, Shelton, WA 98584

### **Number of Staff:**

The number of staff, including the owner and management positions, is 4.

### **Number of Workstations:**

The number of authorized workstations for this subagency is 3.

### **Hours of Operation:**

This subagency is currently open Tuesday thru Saturday due to a lack of certified employees. Subagent's normal business hours are Monday thru Friday and 4 hours on Saturday. Subagents observe the normal state holiday schedule for closures.

### **Bonding or Insurance:**

Maintains current proof of insurance or a bond from a Washington authorized insurance company for surety business.

### **Licensing Transaction Statistics:**

<u>Year</u>	<u>Title Transactions</u>	<u>Tab Renewals</u>	<u>* Variety of Transactions</u>
2015	6,473	25,769	
2016	6,594	26,447	
2017	7,970	21,171	2901

*\* The variety of other transactions include; updating vehicle/vessel titles, duplicate titles, vessel decal replacements, off road registrations, adding or changing registrations, etc. Revenues generated for these types of transactions vary and some are free of charge.*

## Subagency Application Checklist

All application package material must either be mailed to Mason County Auditor, PO Box 400, Shelton, WA or hand delivered to the Auditor's Office at 411 N. 5<sup>th</sup> Street, Shelton, WA by September 7, 2018. Late, faxed or incomplete applications will not be considered.

Please provide the information in the order below:

1. **Vehicle/Vessel Licensing Subagent Application.** This application must be completed and signed by all applicants.
2. **Business Proposal Responses:** The questions in this section provide detail about your background and your business plan. Please provide ample detail.
3. **Authorization and release form for consumer credit report.** A separate form must be completed and signed by each applicant.



# **Vehicle/vessel License Subagency**

## **Written Business Proposal**

**Interested applicants must meet, at a minimum, the following criteria:**

1. Suitability of location, which will provide adequate service to the public;
2. Defined operating hours including a minimum of 4 hours on Saturdays;
3. Public parking including disabled accessibility;
4. Must be able to meet bond and insurance requirements;
5. Must obtain/maintain required state certification annually through continuing education;
6. Must provide adequate trained staff to meet technical and public service level requirements;
7. Must meet and maintain performance standards set by Mason County Auditor's Office and the State of Washington Department of Licensing;
8. Agree to comply with equal opportunity and human rights laws;
9. Agree to provide full vehicle and vessel licensing services;

**Please give specific, verifiable, detailed descriptions. References will be contacted as part of the selection process:**

### **EXPERIENCE**

- A. Personal Employment Experience
  1. Nature of work
  2. Where, when, and how long
  3. Reference, recommendations
  
- B. Business Ownership Experience
  1. Type of work or product
  2. Where, when, and how long
  3. Business references
    - a. Customer references
    - b. Trade references
    - c. Business banking references
  4. Size of business
    - a. Annual gross receipts
    - b. Number of employees
  5. Financial aspects
    - a. Type of financial accounts

- b. Where, when, for how long
- 6. Employee theft or embezzlement history

C. Management/Supervisory Experience

- 1. Number of staff supervised
- 2. Nature of work

D. Financial Oversight Experience

(List examples to illustrate experience in handling and reconciling accounts:

- 1. Checking Accounts
  - a. Personal
  - b. Business,
  - c. Custodial

## **STAFFING**

A. Experience hiring employees

- 1. List previous experience hiring employees
- 2. List qualifications you look for in employees
- 3. Discuss your planned level of involvement with the subagency (i.e. will work full time, part time, hire a manager, etc)
- 4. Identify any potential employees with licensing experience

## **BUSINESS SITE/FACILITIES**

A. Public Access and Parking

- 1. ADA accessible

B. Location (potential)

- 1. Building address
- 2. Description of building including square footage
- 3. Office Floor Plan
- 4. Secure storage area for inventory

C. Security

- 1. Internal
- 2. External

D. Sign Placement

- 1. Inside
- 2. Outside

**BUSINESS SERVICES**

- A. Stand-alone business – subagent will be only business operating at the site selected.
- B. Co-located business – subagent will be run in conjunction with another business at the same site (please describe nature of other business).

**COMMUNITY INVOLVEMENT IN SHELTON AREA**

- A. Please discuss civic, business, neighborhood involvement in the greater Shelton area.

**RELATED INFORMATION**

- A. Please provide or explain any other factors that may have relevancy in this selection process.

## Subagent Application

## Vehicle/Vessel Licensing Subagent Application

You can use this form to apply as a new subagent, change a subagent business name, or subagent replacement.

Application type:

- New subagent
- Change of subagent business name
- Replacement subagent

### Subagency information

TYPE or PRINT Subagency licensed business name <i>(as filed with Master License Services)</i>			
Name business will do business as <i>(if different from above)</i>			
Address			
City	State	ZIP code	County
Mailing address <i>(if different)</i>			
City		State	ZIP code
(Area code) Telephone number	(Area code) Fax number	Email	
Proposed business open date <i>(mm/dd/yyyy)</i>	Days and hours of operation Day(s) _____ Hours _____		
Business ownership structure <i>(as provided through open competitive process)</i>			
<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership <i>(define type)</i> _____	
<input type="checkbox"/> Municipality	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation <i>(define type)</i> _____	
State where incorporated/formed _____		Year incorporated/formed _____	

**Subagent applicants/appointees** – List all names of applicants/appointees for this business as provided through the open competitive process. Attach additional pages if needed.

<b>1</b>	Name <i>(Last, First, Middle)</i>	Business title		
Address <i>(Residence or mailing)</i>		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		
<b>2</b>	Name <i>(Last, First, Middle)</i>	Business title		
Address <i>(Residence or mailing)</i>		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		
<b>3</b>	Name <i>(Last, First, Middle)</i>	Business title		
Address <i>(Residence or mailing)</i>		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		
<b>4</b>	Name <i>(Last, First, Middle)</i>	Business title		
Address <i>(Residence or mailing)</i>		City	State	ZIP code
(Area code) Home telephone number		(Area code) Cell phone number		

**Subagent applicants/appointees – continued**

Applicant/Appointee signatures

<b>X</b>	_____	<b>X</b>	_____
Signature	Date	Signature	Date
<b>X</b>	_____	<b>X</b>	_____
Signature	Date	Signature	Date

Answer the following  
 Have any of the applicants/appointees been convicted of a misdemeanor or felony within the past 7 years that might unfavorably affect their appointment as a subagent? .....  Yes  No  
 If yes, please explain:

**County Auditor/Agent**

- I am confident the applicant(s)/appointee(s) is able to and will perform all duties required of a vehicle/vessel license subagency, and if appointed, will be fully trained and meet banking, bonding, and insurance requirements included in the standard contract and applicable Department of Licensing (DOL) Policies and Procedures.
- This office will educate, train, and qualify the applicant as provided in the standard agent contract and DOL Policies and Procedures.
- I have reviewed and verified the information provided in this application is accurate.

Name of county \_\_\_\_\_ **X** \_\_\_\_\_  
 County Auditor/Agent signature

**Department use only**

Appointing authority approval/disapproval  
 Approve  Disapprove  
 If disapproved, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**X** \_\_\_\_\_  
 Director signature Date

## Notice and Authorization – Consumer Report



**THE INFORMATION**

www.ACRAnet.com

**Exhibit A-4  
Notice for Applicant/Employee**

**'Notice of Intent' and 'Authorization'  
to Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_ (Employer) with may obtain an investigative consumer report for employment purposes through ACRAnet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of California, Oklahoma OR the state of Minnesota: Yes  No   
If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.  
Please provide me a copy of my credit report as indicated above

**Print Full Name:** \_\_\_\_\_

**Former Name/Maiden Name (list all):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

**Driver's License # (if applicable)** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:**  
The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

**NOTE: Check box indicates this position requires an employment credit report due to law, fiduciary responsibilities or access to cash, valuables or sensitive consumer records. Signature acknowledges acceptance of this requirement.**