

**REQUEST FOR PROPOSAL 2010-158**

**KITSAP COUNTY AUDITORS OFFICE  
LICENSING DIVISION**



**VEHICLE/VESSEL LICENSE SUBAGENCY  
SOUTH KITSAP, WASHINGTON**



**KITSAP COUNTY AUDITOR'S OFFICE  
LICENSING DIVISION**

**Request for Proposal 2010-158  
Due: Wednesday, November 17, 2010**

The Kitsap County Auditor's Office, acting as an agent for the Washington State Department of Licensing, is accepting business proposals for a Vehicle/Vessel Subagency in South Kitsap, Washington (preferably south of Tremont Street to the Kitsap/Pierce County line). Interested parties may obtain an application packet, including a business proposal outline by contacting R'Lene Orr at 360-337-4410 or [rorr@co.kitsap.wa.us](mailto:rorr@co.kitsap.wa.us).

**Submittal**

Please submit five (5) copies of the application and written business proposal no later than Wednesday, November 17, 2010 at 3:00 PM. Successful applicants in the application and written business proposal process will be scheduled for a personal interview. Interested parties shall submit the application and written proposals to R'Lene Orr, Purchasing and Records Manager:

MAIL:  
Kitsap County  
Office of Strategic Financial Planning  
Purchasing Division  
614 Division Street, MS-7  
Port Orchard, Washington 98366

OR

HAND DELIVER:  
Kitsap County Administration Building  
4<sup>th</sup> Floor Purchasing Office  
619 Division Street  
Port Orchard, Washington 98366

Direct any questions regarding the submittal process to R'Lene Orr, Purchasing and Records Manager at 360-337-4410 or [rorr@co.kitsap.wa.us](mailto:rorr@co.kitsap.wa.us).

**Evaluation Criteria**

The proposals will be evaluated on the following:

1. Application.
2. Overall business and staffing experience, along with proposed business site as described in the written business proposal.

The Department of Licensing provides Equal Opportunity when appointing Subagents. Women, minorities, aged and disabled persons are encouraged to apply.

***To receive this document, please contact R'Lene J. Orr at [rorr@co.kitsap.wa.us](mailto:rorr@co.kitsap.wa.us) or call 360-337-4410. Thank you.***

## 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> Signature	Date	<b>X</b> Signature	Date
<b>X</b> Signature	Date	<b>X</b> Signature	Date
<p>Answer the following</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>   			

**County Auditor/Agent**

<ul style="list-style-type: none"> <li>• 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.</li> <li>• This office will educate, train, and qualify the applicant as provided in the standard agent contract and DOL Policies and Procedures.</li> <li>• I have reviewed and verified the information provided in this application is accurate.</li> </ul>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name of county</td> <td style="width: 50%; border: none; text-align: right;"><b>X</b> County Auditor/Agent signature</td> </tr> </table>	Name of county	<b>X</b> County Auditor/Agent signature
Name of county	<b>X</b> County Auditor/Agent signature	

<b>Department use only</b>		
Appointing authority approval/disapproval <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove If disapproved, please explain: _____   		
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"><b>X</b> Director signature</td> <td style="width: 20%; border: none;">Date</td> </tr> </table>	<b>X</b> Director signature	Date
<b>X</b> Director signature	Date	



## MEMORANDUM

**To:** Vehicle/Vessel License Subagent Applicants

**From:** Walter E. Washington, Kitsap County Auditor

**Re:** Request for Application and Written Business Proposal

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Kitsap County is now accepting applications and written business proposals for a Vehicle/Vessel License Subagency appointment in South Kitsap.

Attached is an outline of the subject areas to help you in your submission. The proposal should include and address each specific area.

The submitted proposal will be part of the competitive appointment process. It is important that the questions are answered as thoroughly as possible by giving specific descriptive details. Successful applicants in the application and written business proposal process will be scheduled for a personal interview.

Please note that only a written business proposal is needed. It is not expected nor is it required, to have signed leases, employment contracts or any obligation that is binding in any way.

Kitsap County will make a recommendation to the Director, Department of Licensing, State of Washington, who then makes the final Vehicle/Vessel License Subagency appointment.



## VEHICLE/VESSEL LICENSE SUBAGENCY OVERVIEW

The Kitsap County Auditor is seeking applicants for the operation of a Vehicle/Vessel License Subagency business in South Kitsap, Washington. A map, indicating the area in which the Subagency must be located, is enclosed with this application.

**Nature of Work/Services:** Operating a Vehicle/Vessel License Subagency business is essentially and most importantly a public service business. The Vehicle/Vessel License Subagency business provides full motor vehicle and vessel licensing services. Members of the public seek a full range of vehicle/vessel licensing services.

Examples are:

- preparing/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); calculating collecting, depositing and reporting of associated fees; and
- receiving and controlling all accountable inventory associated with licensing.

The owner of a Vehicle/Vessel License Subagency business must ensure adequate staff, in terms of numbers and training, to meet the public demands for services. An adequate, secure, office space (including sufficient and convenient public access and parking meeting ADA accessibility requirements) must be provided. The Vehicle/Vessel License Subagency business owner must equip the business with general office equipment (e.g.: typewriters, telephone, calculators, cash drawers, etc.) sufficient to handle the volume of licensing transactions in a professional and safe manner. The State of Washington, through Kitsap County, provides licensing materials (e.g.: license plates, registration tabs, forms, etc.). The applicant must be able to obtain a bond up to an amount of \$60,000 or more. In addition, the applicant must obtain, at a minimum, fire casualty, vandalism, and malicious mischief insurance coverage equal to the replacement cost of the state property possessed, including the loss of monies and/or securities.

The applicant must obtain insurance against robbery inside and outside the premises. The policy shall be extended to include the actual value of license tabs and license plate replacement costs, as well as money. The name insured for each type of coverage shall be Kitsap County and the Director, Department of Licensing, State of Washington. The applicant must establish a checking account at a local bank in the name of the Department of Licensing, Agency Account, Subagency name, Subagent. Applicant must enter into a signed agreement containing requirements of a Subagent (example available upon request). The Vehicle/Vessel License Subagency business must be in operation, at a minimum, during normal State business hours and a minimum of 4 hours on Saturdays.

**Staffing:** Based on projected activity with the level of staffing sufficient to operate is approximately two full time persons.

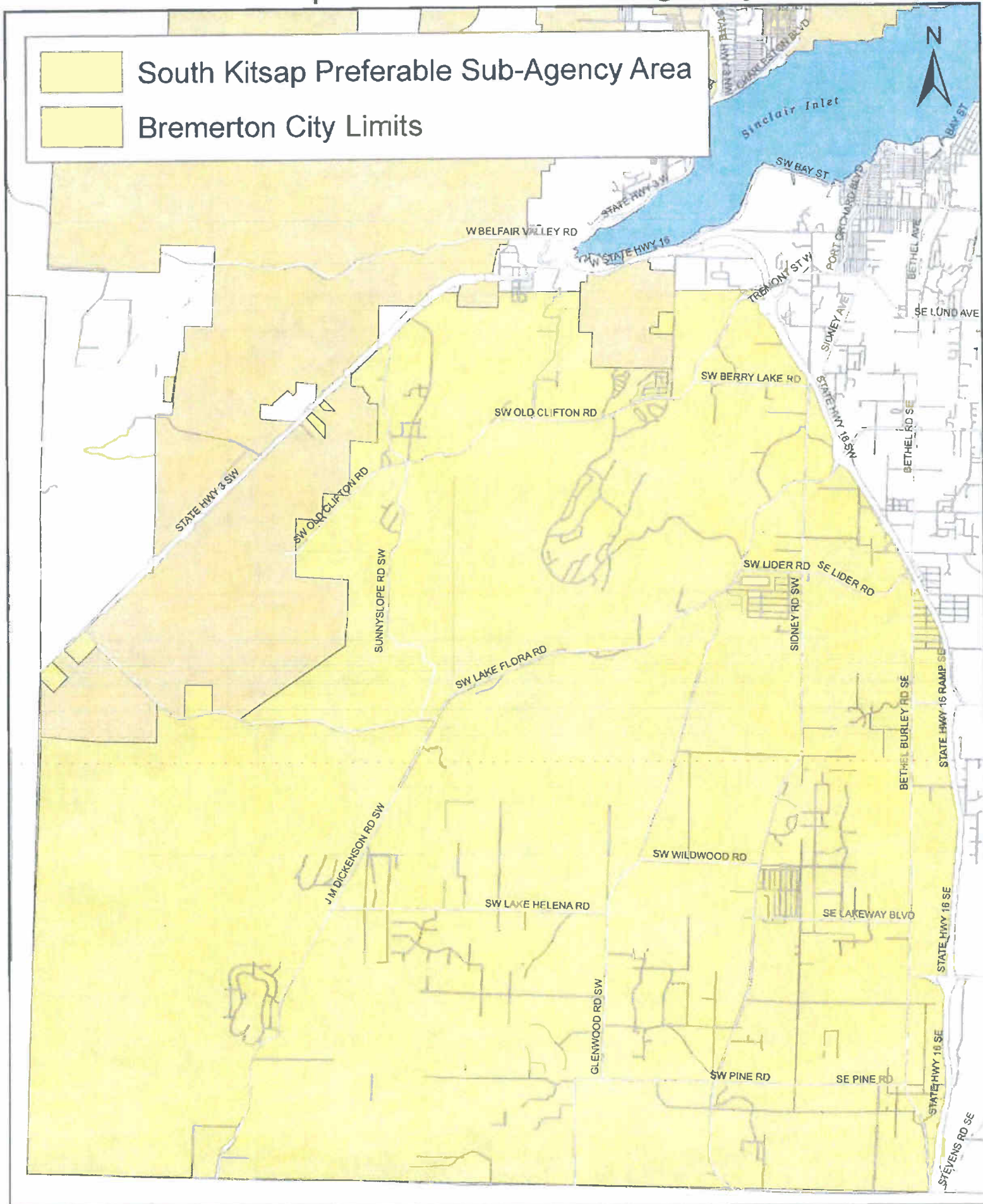
**Desirable Qualifications:** Persons with previous business, supervisory, and/or management experience are preferred. Previous vehicle/vessel licensing experience is not required.

Kitsap County is an equal opportunity employer. Women, minorities, and the disabled are encouraged to apply.

### **GEOGRAPHIC CONFINES**

The location of the Subagency is **preferred to** be within the confines as outlined on the attached map.

# South Kitsap Preferable Sub-Agency Area



# VEHICLE / VESSEL LICENSE SUBAGENCY

## WRITTEN BUSINESS PROPOSAL

Please give specific, detailed descriptions. All statements must be verifiable. References may be contacted for further verification as deemed necessary.

### I. EXPERIENCE:

#### A. Experience – Employment

1. Nature of work
  - a. Description of job functions

#### B. Business Experience

1. Type of work or product
2. Where, when, how long
3. Business references
  - a. List 3 customer references
  - b. List 3 trade references
  - c. List business banking references
4. Ownership(s) of business(es)
5. Size of business(es)
6. Financial aspects
  - a. Type of financial accounts
  - b. Where, when how long
7. Disposition of business(es)
8. Employee theft or embezzlement

#### C. Management/Supervisory Experience

1. Supervisor
  - a. How many people/staff
  - b. Where, when, how long
2. Nature of work
3. References, recommendations

#### D. Financial Experience

(List as many examples as necessary to illustrate experience)

1. Financial Institution
  - a. Checking
  - b. Custodial accounts

## **II. STAFFING**

- A. Projections (how many?)**
- B. Sufficient staff for full service agency**
- C. Full time help/part time help**
- D. Staff**
  - 1. If you have the names of the people you intend to work for you, please provide their names and addresses.
- E. Staff Qualifications**
  - 1. Experience
  - 2. Description of job functions
  - 3. Where, when, how long

## **III. BUSINESS SITE/FACILITIES**

- A. Public Access**
  - 1. ADA accessible
- B. Location Address (potentials)**
- C. Office Size (square footage)**
- D. Office Space**
  - 1. Useable for public service (square footage)
  - 2. Storage (square footage)
  - 3. Office equipment (square footage)
- E. Public Parking**
  - 1. ADA accessible
- F. Structure**
- G. Security**
  - 1. Internal
  - 2. External
- H. Placement of Signs**
  - 1. Inside
  - 2. Outside