



Additional Rule Information

Revised June 2020

Include this page only if needed.

<u>1. General Information</u>			
a. Agency/Board Name*			
b. Agency/Board Address	c. City	d. Zip Code	
e. Name of Agency Liaison	f. Agency Liaison Telephone Number		
g. Agency Liaison Email Address			
h. Program			
	Amended Program Name <i>(if applicable)</i> :		
<u>2. Rule Type and Information, Cont.</u>			
a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.			
	Chapter Number:	Chapter Name:	
			<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
	Amended Chapter Name <i>(if applicable)</i> :		
	Chapter Number:	Chapter Name:	
			<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
	Amended Chapter Name <i>(if applicable)</i> :		
	Chapter Number:	Chapter Name:	
			<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
	Amended Chapter Name <i>(if applicable)</i> :		
	Chapter Number:	Chapter Name:	
			<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
	Amended Chapter Name <i>(if applicable)</i> :		
	Chapter Number:	Chapter Name:	
			<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
	Amended Chapter Name <i>(if applicable)</i> :		
	Chapter Number:	Chapter Name:	
			<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
	Amended Chapter Name <i>(if applicable)</i> :		
	Chapter Number:	Chapter Name:	
			<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
	Amended Chapter Name <i>(if applicable)</i> :		