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ARKANSAS REGISTER

Transmittal Sheet

* Use only for **FINAL** and **EMERGENCY RULES**

Secretary of State
Mark Martin
State Capitol, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-3527
www.sos.arkansas.gov

For Office Use Only:

Effective Date _____ Code Number _____

Name of Agency _____

Department _____

Contact _____ E-mail _____ Phone _____

Statutory Authority for Promulgating Rules _____

Rule Title: _____

Intended Effective Date (Check One)		**Date**
☐ Emergency (ACA 25-15-204)	Legal Notice Published	_____
☐ 30 Days After Filing (ACA 25-15-204)	Final Date for Public Comment	_____
☐ Other _____ (Must be more than 30 days after filing date.)	Reviewed by Legislatice Council	_____
	Adopted by State Agency	_____

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

_____
Contact Person **E-mail Address** **Date**

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

_____
Signature

_____
Phone Number **E-mail Address**

_____
Title

_____
Date

Revised 7/2011 to reflect new legislation passed in 2011.