

ARKANSAS REGISTER

Transmittal Sheet



Mark Martin
 Secretary of State
 State Capitol Room 026
 Little Rock, Arkansas 72201-1094
 (501) 682-3527

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

Date

- | | | |
|---|---------------------------------------|-------|
| <input type="checkbox"/> Emergency | Legal Notice Published | _____ |
| <input type="checkbox"/> 10 Days After Filing | Final Date for Public Comment | _____ |
| <input type="checkbox"/> Other _____ | Reviewed by Legislative Council | _____ |
| | Adopted by State Agency | _____ |

Electronic Copy of Rule Provided on disk or CD (per Act 1478 of 2003)

Electronic Copy of Rule e-mailed from: _____

Contact Person	Email Address	Date
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CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
 In Compliance with Act 434 of 1967 As Amended.

 Signature

 Phone Number E-mail Address

 Title

 Date