# 2020 Administrative RuleFinal Rule Form Revisor’s ID Number:

Submitting Agency: Date:

Rule Contact:

Email Address: Phone #:

|  |  |
| --- | --- |
| Title:(Short descriptive title) |  |
| Chapter number(s): |  |
| Comments/controversies received since Notice of Intent to Adopt: |  |
| If a hearing was requested explain why and attach ALJ Report: |  |
| List changes from draft rules proposal: |  |
|  |  |  |
|  Commissioner’s Signature |  |  Date |

\*\*\*THIS SECTION TO BE COMPLETED BY THE GOVERNOR’S OFFICE\*\*\*

I have reviewed the above information and have approved this administrative rule. The Agency may formally submit this rule to the Office of Administrative Hearings for approval and filing with the Office of Secretary of State.

Governor's Policy Advisor Date