# 2020 Administrative RulePreliminary Proposal Form Revisor’s ID Number:

Submitting Agency: Date:

Rule Contact:

Email Address: Phone #:

Type of Rule (must be one of the following):

 ☐ Exempt ☐ Expedited ☐ Permanent

| Title:(Short descriptive title) |  |
| --- | --- |
| Chapter Number(s): |  |
| Supporters, opponents and possible controversies: |  |
| Agency impact: |  |
| If Exempt or Expedited rule process is being used please explain why: |  |
| Describe the need for the rule and provide background information: |  |
| Rulemaking authority and other relevant statutes: |  |

| **Fiscal Impact:** |  | Yes |  |  | No |  |  | Undetermined |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |
|  Commissioner's Signature |  |  Date |

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

I have reviewed the above information and approved the concept of this administrative rule.

Governor's Policy Advisor Date