

**ORDER FORM FOR
ALABAMA ADMINISTRATIVE MONTHLY
AND ALABAMA ADMINISTRATIVE CODE**

ALABAMA ADMINISTRATIVE MONTHLY

Subscription-\$60.00 Annually - (October through September)

ALABAMA ADMINISTRATIVE CODE, \$600.00 PER SET.

UPDATES FOR CODE, \$120.00 PER YEAR.
(The Code is supplemented quarterly and will be mailed automatically to subscribers.)

Name and Address:

Telephone Number () _____

Please Return (With Check) To:

Legislative Services Agency
Administrative Procedure Division
208 Alabama State House
Montgomery, AL 36130
Telephone (334) 242-7570

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control _____ Department or Agency _____

Rule No. _____

Rule Title: _____

_____ New _____ Amend _____ Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____

Does the proposed rule have an economic impact? _____

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer _____

Date _____

(DATE FILED)
(STAMP)

(Agency Name)
(Agency Division, if applicable)

NOTICE OF INTENDED ACTION

AGENCY NAME:

RULE NO. & TITLE:

INTENDED ACTION:

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE, MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the _____ day of _____, 20____, and filed with the agency secretary on the _____ day of _____, 20____.

AGENCY NAME: _____

_____ Amendment _____ New _____ Repeal (Mark appropriate space)

Rule No. _____
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: _____

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME _____,
ISSUE NO. _____, AAM, DATED _____, 20____.

Statutory Rulemaking Authority: _____

(Date Filed)
(For LRS Use Only)

Certifying Officer or his or her
Deputy

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

**CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6(c) (2)a. and b.

I certify that the attached emergency (amendment, new rule, new chapter, repeal or adoption by reference) is a correct copy as promulgated and adopted on the _____ day of _____, 20__.

AGENCY NAME: _____

RULE NO. AND TITLE: _____

EFFECTIVE DATE OF RULE: _____

EXPIRATION DATE (If less than 120 days): _____

NATURE OF EMERGENCY:

STATUTORY AUTHORITY: _____

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS _____ YES _____ NO

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

Signature of officer authorized
to promulgate and adopt rules and
regulations or his or her deputy

FILING DATE
(For APA Use Only)

**CERTIFICATION OF PEREMPTORY RULES
FILED WITH THE
LEGISLATIVE SERVICES AGENCY**

The _____
(Name of Agency, Commission, Board, or Department)

certifies that the attached hereto is a true and correct copy of:

Rule No. and Title: _____

which was duly (adopted, amended, or repealed) by peremptory
rulemaking on the _____ day of _____, 20__.

Statutory Authority: _____

Dated this _____ day of _____, 20__.

Signature of Certifying
Officer

**TRANSMITTAL SHEET FOR
BUSINESS ECONOMIC IMPACT STATEMENT
(Section 41-22-5.1)**

Control No. _____ Department/Agency _____

Rule No. _____

Rule Title: _____

_____ New _____ Amend _____ Repeal _____ Adopt by Reference

Attached is a Business Economic Impact Statement filed pursuant to
Section 41-22-5.1, Code of Alabama 1975.

Signature of Filing Officer _____

Date _____

(DATE FILED)
(STAMP)