

Filed: 4/8/2016 8:55:09 AM WEQC

Notice of Intent to Adopt Rules

Revised October 2014

1. General Information								
a. Agency/Board Name								
b. Agency/B	oard Address		c. City		d. Zip Code			
e. Name of Contact Person			f. Contact Telephone Number	f. Contact Telephone Number				
g. Contact Email Address								
h. Date of Public Notice i. Comment Period Ends								
j. Program								
2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.								
a. If "New," p	provide the Enrolled Act nu	ımbers and years enacted:						
		Title, and Rule Type of Each Chapter being Conform for more than 10 chapters, and attach it to						
	Number:	Chapter Name:	uns ceruncauon.	New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter Number:		Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
Chapter	Number:	Chapter Name:		☐ New	☐ Amended	Repealed		
		ached to this Notice and, in compliance with ncludes a brief statement of the substance or				nvironmental Quality		
0047101117 070	Complete all that apply:			aa pa.pooo				
☐ The following chapters do not differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j):								
(Provide chapter numbers)								
☐ These chapters differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j) (see Statement of Reasons).								
(Provide chapter numbers)								
☐ N/A These rules are not impacted by the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j).								
d. N/A In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Section 5 of the Rules on Rules).								
e. A copy of the proposed rules* may be obtained:								
☐ By contacting the Agency at the physical and/or email address listed in Section 1 above. ☐ At the following URL:								
If Item "d" above is not checked, the proposed rules shall be in strike and underscore format.								

3. Public Co	3. Public Comments and Hearing Information							
a. A public hearing on the proposed rules has been scheduled.								
If "Yes:"	Date:	Time:	City:	Location:				
b. What is the m	nanner in which interested perso	ns may present their vie	ws on the rulemaking action?					
-	•	he Agency at the physic	al and/or email address listed in Section 1 ab	ove.				
At th	ne following URL:			-				
	A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members.							
	Requests for a public hearing may be submitted: To the Agency at the physical and/or email address listed in Section 1 above.							
	At the following U		in dudicess listed in Section 1 above.					
c. Any person m			ne Agency to state its reasons for overruling	the consideration urged against adoption.				
		e prior to, or within thirty	(30) days after adoption, of the rule, address	sed to the Agency and Contact Person listed in				
Section 1 above								
	<u>Law Requirements</u>							
a. These rules a	re created/amended/repealed to	comply with federal law	or regulatory requirements.	□No				
If "Yes:"	If "Yes:" Applicable Federal Law or Regulation Citation:							
	Indicate one (1):							
			ed, minimum federal requirements.					
		es exceed minimum fede						
		to the accuracy of any ir	formation provided by the Agency under this	item should submit their objections prior to				
	final adoption to:	the physical and/or ema	il address listed in Section 1 above.					
	At the following U		in dudicess listed in Section 1 above.					
5. State St	atutory Requirement							
a. Indicate one (• •							
	proposed rule change MEETS		•					
☐ The proposed rule change <i>EXCEEDS</i> minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules								
b. Indicate one (eed the requirements.							
	• •	requirements of W.S. 9-5	3-304. A copy of the assessment used to eval	luate the proposed rules may be obtained:				
 ☐ The Agency has complied with the requirements of W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained: ☐ By contacting the Agency at the physical and/or email address listed in Section 1 above. 								
At the following URL:								
□ Not Applicable.								
6. Authoriz	<u>ration</u>							
a. I certify that	the foregoing information is	correct.						
Printed Name of Authorized Individual								
Title of Authorized Individual								
Date of Authoriz	zation							

Distribution List:

- Attorney General and LSO: Hard copy of Notice of Intent; Statement of Reasons; clean copy of the rules; and strike-through and underline version of rules (if applicable). Electronic copies (PDFs) of all items noted (in addition to hard copies) may be emailed to LSO at Criss.Carlson@wyoleg.gov.
- Secretary of State: Electronic version of Notice of Intent sent to <u>Rules@wyo.gov</u>.



Additional Rule Information

Revised May 2014

1. General Information										
a. Agency/Board Name										
b. Agency/Board Address			c. City		d. Zip Code					
e.	Name of Contact Person		f. Contact Telephone Number							
g.	Contact Email Address									
h.	h. Program									
<u>2.</u>	2. Rule Information, Cont.									
a. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed										
	Chapter Number:	Chapter Name:		☐ New	☐ Amended	Repealed				
	Chapter Number:	Chapter Name:		☐ New	☐ Amended	Repealed				
	Chapter Number:	Chapter Name:		☐ New	Amended	Repealed				
	Chapter Number:	Chapter Name:		☐ New	☐ Amended	Repealed				
	Chapter Number:	Chapter Name:		☐ New	☐ Amended	Repealed				
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