Rule Number ________________________________

Use a “SEPARATE” rule transmittal sheet for EACH individual rulemaking.

Name of person to call with questions about this rule:
Content __________________ Phone __________________ FAX ________________
Email address ________________________________

Data Entry __________________ Phone __________________ FAX ________________
Email address ________________________________

Interagency mailing address ________________________________

TYPE OF RULEMAKING ACTION TO BE TAKEN
☐ Emergency rulemaking, include effective date
☐ Proposed Rulemaking
☐ Withdrawal ☐ Rule Action Notice ☐ In Addition ☐ Rule Under Consideration
☐ Request for Non-Substantive Change
☐ Statement of Actual Cost
☐ Order of Rulemaking

Effective Date for the Order ________________________________
☐ Statutory 30 days OR Specific date ________________________________

Does the Order of Rulemaking contain changes to the rule text? ☐ NO
☐ YES—LIST THE SECTIONS WITH CHANGES, including any deleted rule text:

Small Business Regulatory Fairness Board (DED) Stamp

JCAR Stamp