

# ARKANSAS REGISTER

## Transmittal Sheet

\* Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State  
**Mark Martin**  
State Capitol, Suite 026  
Little Rock, Arkansas 72201-1094  
(501) 682-3527  
[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



For Office  
Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency \_\_\_\_\_

Department \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Statutory Authority for Promulgating Rules \_\_\_\_\_

**Rule Title:** \_\_\_\_\_

**Intended Effective Date**  
(Check One)

**Date**

- |  |                                       |       |
|--|---------------------------------------|-------|
| <input type="checkbox"/> Emergency (ACA 25-15-204)                                     | Legal Notice Published .....          | _____ |
| <input type="checkbox"/> 30 Days After Filing (ACA 25-15-204)                          | Final Date for Public Comment .....   | _____ |
| <input type="checkbox"/> Other _____<br>(Must be more than 30 days after filing date.) | Reviewed by Legislatice Council ..... | _____ |
|  | Adopted by State Agency .....         | _____ |

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date