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| **1. Rule-Making Agency:**  |
| **2. Rule citation & name (name not required for repeal):**       |
| **3. Action:** [ ]  **ADOPTION**  [ ]  **AMENDMENT** [ ]  **REPEAL** [ ]  **READOPTION** [ ]  **REPEAL through READOPTION** |
| **4. Rule exempt from RRC review?**[ ]   **Yes. Cite authority:**      [ ]   **No** | **5. Rule automatically subject to legislative review?**[ ]   **Yes. Cite authority:**      [ ]   **No** |
| **6. Notice for Proposed Rule:****[ ]  Notice Required****Notice of Text published on:** **Link to Agency notice:****Hearing on:** **[ ]  The requirements listed in G.S. 150B-19.1(c)(1)-(5) were posted on the agency’s Web site no later than the publication date of the notice of text in the N.C. Register.****Adoption by Agency on:****[ ]  Notice not required under G.S.:** **Adoption by Agency on:**  |
| **7. Rule establishes or increases a fee? (See G.S. 12-3.1)****[ ]  Yes****Agency submitted request for consultation on:****Consultation not required. Cite authority:****[ ]  No** | **8. Fiscal impact. Check all that apply.****[ ]  This Rule was part of a combined analysis.****[ ]  State funds affected**[ ]  **Local funds affected** [ ]  **Substantial economic impact (≥$1,000,000)**[ ]  **Approved by OSBM****[ ]  No fiscal note required** |
| **9. REASON FOR ACTION****9A. What prompted this action? Check all that apply:** |
| **[ ]  Agency****[ ]  Court order / cite:** **[ ]  Federal statute / cite:** **[ ]  Federal regulation / cite:**  | **[ ]  Legislation enacted by the General Assembly** **Cite Session Law:** **[ ]  Petition for rule-making****[ ]  Other:**  |
| **9B. Explain:** |
| **10. Rulemaking Coordinator:** **Phone:****E-Mail:** **Additional agency contact, if any:**      **Phone:** **E-Mail:**       | **11. Signature of Agency Head\* or Rule-making Coordinator:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****By signing, I have verified that the information contained on this form is true and accurate to the best of my knowledge.****\*If this function has been delegated (reassigned) pursuant to****G.S. 143B-10(a), submit a copy of the delegation with this form.****Typed Name:** **Title:**  |
| **RRC AND OAH USE ONLY** |
| **Action taken:**[ ]  RRC extended period of review:      [ ]  RRC determined substantial changes:     [ ]  Withdrawn by agency[ ]  Subject to Legislative Review[ ]  Other:       |   |