

2017 DEC 14 PM 4:25



NMAC Transmittal Form

Volume: Issue: Publication Date: Number of pages: (ALD Use Only) Sequence No.

Issuing agency name and address: Agency DFA code:

Contact person's name: Phone number: E-mail address:

Type of rule action: New Amendment Repeal Repeal/Replace Renumber Emergency (ALD Use Only) Most Recent Filing Date:

Title number: Title name:

Chapter number: Chapter name:

Part number: Part name:

Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference? Yes No Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received? Yes No Public domain

Concise Explanatory Statement for rulemaking adoption:

Notice date(s): Hearing date(s): Rule Adoption date: Rule Effective date:

Specific statutory or other authority authorizing rulemaking:

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.

Issuing authority (If delegated, authority letter must be on file with ALD): Name: Check if authority has been delegated Title:

Signature: (BLACK ink only) Date signed:



Concise Explanatory Statement for rulemaking adoption

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Commission of Public Records
at the State Records Center and Archives
Your Access to Public Information

Page number ___ of ___ for Findings required for rulemaking adoption.

Issuing authority (If delegated, authority letter must be on file with ALD): Name:

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Title:

Signature: (BLACK ink only)

Date signed: