ORDER FORM FOR
ALABAMA ADMINISTRATIVE MONTHLY
AND ALABAMA ADMINISTRATIVE CODE

ALABAMA ADMINISTRATIVE MONTHLY
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(The Code is supplemented quarterly and will be mailed automatically to subscribers.)

Name and Address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Telephone Number (   )______________________________

Please Return (With Check) To:

Legislative Services Agency
Administrative Procedure Division
208 Alabama State House
Montgomery, AL 36130
Telephone (334) 242-7570
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control_____Department or Agency_________________________________________
Rule No.______________________________________________________________
Rule Title:______________________________________________________________
______ New _______ Amend _______ Repeal _______ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? ______________

Is there a reasonable relationship between the state’s police power and the protection of the public health, safety, or welfare?

Is there another, less restrictive method of regulation available that could adequately protect the public?

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?

Does the proposed rule have an economic impact?

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer__________________________________________
Date___________________________________

(DATE FILED)
(STAMP)
NOTICE OF INTENDED ACTION

Agency Name:

Rule No. & Title:

Intended Action:

Substance of Proposed Action:

Time, Place, Manner of Presenting Views:

Final Date for Comment and Completion of Notice:

Contact Person at Agency:

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the ___ day of ____________, 20___, and filed with the agency secretary on the _________ day of __________________, 20__.

AGENCY NAME:____________________________________________________

_____ Amendment _____ New _____ Repeal (Mark appropriate space)

Rule No. ________________________________
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title:____________________________________________________

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME ________________,
ISSUE NO. ____________, AAM, DATED ________________, 20__.

Statutory Rulemaking Authority:_____________________________________

(Date Filed)
(For LRS Use Only)

Certifying Officer or his or her Deputy

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)
CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6(c)(2)a. and b.

I certify that the attached emergency (amendment, new rule, new chapter, repeal or adoption by reference) is a correct copy as promulgated and adopted on the ___ day of ____________, 20__.

AGENCY NAME:____________________________________________________

RULE NO. AND TITLE:_____________________________________________

EFFECTIVE DATE OF RULE:________________________________________

EXPIRATION DATE (If less than 120 days):__________________________

NATURE OF EMERGENCY:

STATUTORY AUTHORITY:___________________________________________

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS ___ YES ___ NO

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Signature of officer authorized to promulgate and adopt rules and regulations or his or her deputy

FILING DATE
(For APA Use Only)
CERTIFICATION OF PEREMPTORY RULES
FILED WITH THE
LEGISLATIVE SERVICES AGENCY

The ____________________________________________
(Name of Agency, Commission, Board, or Department)
certifies that the attached hereto is a true and correct copy of:

Rule No. and Title:______________________________________________

______________________________________
which was duly (adopted, amended, or repealed) by peremptory
rulemaking on the _____ day of _____________________, 20____.

Statutory Authority:______________________________________________

Dated this _____day of _____________________, 20____.

______________________________________
Signature of Certifying Officer
ECONOMIC IMPACT STATEMENT
FOR APA RULE
(Section 41-22-23(f))

Control No. _____ Department or Agency________________________

Rule No:________________________________________________________

Rule Title:____________________________________________________

______ New ______ Amend _______ Repeal _______ Adopt by Reference

_____ This rule has no economic impact.

_____ This rule has an economic impact, as explained below:

1. NEED/EXPECTED BENEFIT OF RULE:

2. COSTS/BENEFITS OF RULE AND WHY RULE IS THE MOST EFFECTIVE,
   EFFICIENT, AND FEASIBLE MEANS FOR ALLOCATING RESOURCES AND
   ACHIEVING THE STATED PURPOSE:

3. EFFECT OF THIS RULE ON COMPETITION:

4. EFFECT OF THIS RULE ON COST-OF-LIVING AND DOING BUSINESS IN
   THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:
5. **EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:**

6. **SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE:**

7. **THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE:**

8. **UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING QUALITATIVE/QUANTITATIVE BENEFITS AND BURDEN COMPARISON:**

9. **THE EFFECT OF THIS RULE ON THE ENVIRONMENT AND PUBLIC HEALTH:**

10. **DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED:**

**Additional pages may be used if needed.**
TRANSMITTAL SHEET FOR
BUSINESS ECONOMIC IMPACT STATEMENT
(Section 41-22-5.1)

Control No. ___ Department/Agency _________________________________

Rule No. _________________________________________________________

Rule Title: _________________________________________________________

_______ New ________ Amend ________ Repeal ________ Adopt by Reference

Attached is a Business Economic Impact Statement filed pursuant to

Signature of Filing Officer ________________________________

Date ________________________________

(DATE FILED)
(STAMP)