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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:**  **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:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*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| **Action taken:**  RRC extended period of review:  RRC determined substantial changes:  Withdrawn by agency  Subject to Legislative Review  Other: | |  | |