## ARKANSAS STATE LIBRARY



## **Agency Certification Form**

For Depositing Rules
At the Arkansas State Library

## DIGITAL SERVICES, ARKANSAS STATE LIBRARY 900 West Capitol Avenue, Suite 100 Little Rock, AR 72201 501-682-2550 aslib-govdocs@ade.arkansas.gov



For Office Use Only		
Classification Number:		
Name of Agency:	Division/Department/Office:	
Contact Person:	Telephone:	
Statutory Authority for Promulgat	ting Rules:	
Title of Rule:		
D. I. C.	D	Fig. d. D.
Rule Status	Date Adopted by Agency	Effective Date
		10 Days After Filing
		Other:
(Use drop down to select different status)	MM/DD/YYYY	(if other, specify date)
Rule above is proposed a	and will be replaced by final version	
Financial and/or Fiscal I	mpact Statement Attached	
Certi	fication of Authorized C	Officer
I hereby certify that the attached r	rules were adopted in compliance wi	th Act 434 of 1967 as amended.
Signature:	Date:	
Title:		