## **Exhibit C:**

**LEGISLATIVE QUESTIONNAIRE** 

## QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY_						
DIVISION						
DIVICION DIDECTOD						
CONTACT PERSON						
ADDRESS						
PHONE NO.	FAX NO.	E-MAIL_				
NAME OF PRESENTER AT COMMITTEE MEETING						
PRESENTER E-MAIL						

## **INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this **D** Pule" below
- D. Rule" below.
- E. Submit two (2) copies of the Questionnaire and Financial Impact Statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton Administrative Rules Review Section Arkansas Legislative Council Bureau of Legislative Research One Capitol Mall, 5th Floor Little Rock, AR 72201

- 1. What is the short title of this rule?
- 2. What is the subject of the proposed rule?
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No If yes, please provide the federal rule, regulation, and/or statute citation.
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?

Yes No

If yes, what is the effective date of the emergency rule? \_\_\_\_\_\_

When does the emergency rule expire? \_\_\_\_\_

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No 5. Is this a new rule? Yes No If yes, please provide a brief summary explaining the rule.

Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.

7. What is the purpose of this proposed rule? Why is it necessary?

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

9.	Will a public hearing be held on this proposed rule? Yes	No	If yes, please complete the following:	
	Date:			
	Time:			
	Place:			
10.	. When does the public comment period expire for permanent promulgation? (Must provide a date.)			
11.	What is the proposed effective date of this proposed rule?		-	
12.	Please provide a copy of the notice required under Ark. C of said notice.	ode An	n. § 25-15-204(a), and proof of the publication	
13.	Please provide proof of filing the rule with the Secretary of 15-204(e).	of State	as required pursuant to Ark. Code Ann. § 25-	
14	Places size the names of names a success on an anonizations	that we	an armost to commont on these value? Diseas	

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.