



Non-Substantive Changes

Revised June 2020

To be used as per Chapter 3, Section 3 of the Rules on Rules

1. General Information

a. Agency/Board Name		
b. Agency/Board Address	c. City	d. Zip Code
e. Name of Agency Liaison	f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address		
h. Program		

2. Rule Type and Information

a. Provide the Chapter Number, Title, and Change Reason of Each Chapter affected

Please use the Additional Rule Information for Non-Substantive Changes for more than 4 chapters of rules and attach it to this certification

Chapter Number:	Chapter Name:	Change Reason: <input type="checkbox"/> Correcting non-substantive typographical errors <input type="checkbox"/> Correcting spelling/grammatical errors <input type="checkbox"/> Agency Name change* <input type="checkbox"/> Address / Telephone / URL / Email Address changes
Chapter Number:	Chapter Name:	Change Reason: <input type="checkbox"/> Correcting non-substantive typographical errors <input type="checkbox"/> Correcting spelling/grammatical errors <input type="checkbox"/> Agency Name change* <input type="checkbox"/> Address / Telephone / URL / Email Address changes
Chapter Number:	Chapter Name:	Change Reason: <input type="checkbox"/> Correcting non-substantive typographical errors <input type="checkbox"/> Correcting spelling/grammatical errors <input type="checkbox"/> Agency Name change* <input type="checkbox"/> Address / Telephone / URL / Email Address changes
Chapter Number:	Chapter Name:	Change Reason: <input type="checkbox"/> Correcting non-substantive typographical errors <input type="checkbox"/> Correcting spelling/grammatical errors <input type="checkbox"/> Agency Name change* <input type="checkbox"/> Address / Telephone / URL / Email Address changes

* A "Name change" resulting from a change in federal law, federal rules, or state law.

3. Agency/Board Certification

The undersigned certifies that:

1. The foregoing information is correct; and
2. The attached rules are a true, correct, and complete copy.

Signature of Authorized Individual		Printed Name of Signatory	
Signatory Title		Date of Signature	

4. Attorney General's Certification

I have reviewed these rules and determined that they are within the scope of the Section 3 of the Rules on Rules. Therefore, I approve the same.

Attorney General Representative's Signature		Date of Signature	
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