

Review and Approval for Proposed Rules

Date Sent: _____

Dear Reviewer:

You are considered an interested party and have been selected to review and comment on the attached proposed rule (WAC). Please review and make any comments on the rule. Complete Sections 10 and 11 below and return everything by _____ to:

Originator: _____ Division: _____

Mail Stop: _____ Telephone Number: _____ FAX Number: _____

ORIGINATOR: YOU MUST COMPLETE THIS SECTION. IN THE FOLLOWING SECTIONS, YOU MAY NEED TO USE YOUR MOUSE TO MOVE FROM ONE AREA TO THE NEXT.

1. The attached text is a rule (WAC) being proposed as:
 - Regular adoption (CR-102 notice)
 - Expedited adoption (CR-105 notice)
2. The rule number and title is: _____
3. The projected effective date of this rule is _____.
4. The reason for the rule and a summary of its impact are: _____
5. This rule is:
 - Not a significant rule, as defined in RCW 34.05.328(5)(c)(iii).
 - A significant rule and a draft Cost-Benefit Analysis (CBA) is attached.
 - A significant rule and no CBA is attached because (state reason and statutory authority): _____
6. This rule:
 - Does not impact small businesses or small nonprofits.
 - Impacts small businesses and/or small nonprofits and a draft Small Businesses Economic Impact Statement (SBEIS) is attached.
 - Impacts small businesses and/or small nonprofits and no SBEIS is attached because (state reason and statutory authority): _____
7. The fiscal impact and/or caseload impact, if any (other than printing or distribution costs), is: _____

REVIEW/COMMENT INFORMATION						
ORIGINATOR COMPLETES 8 AND 9		REVIEWER COMPLETES 10 AND 11			ORIGINATOR COMPLETES 12	
8. REVIEWER'S NAME AND/OR ORGANIZATION	9. MAIL STOP	10. REVIEWER'S COMMENTS		11. DATE RETURNED (MM/DD/YYYY)	12. ORIGINATOR'S RESPONSE TO REVIEWER COMMENTS	
		CONCUR	COMMENTS ATTACHED		INCORPORATED COMMENTS	DID NOT INCORPORATE COMMENTS (REASONS BELOW)
A.	45850					
B.	45804					
C.	45803					
D.	45817					
E.						
APPROVAL/SIGNATURES						
13. DIVISION APPROVAL SIGNATURE					DATE	
14. RULES MANAGER'S APPROVAL SIGNATURE					DATE	
15. AGENCY APPROVAL SIGNATURE					DATE	