

WITNESS FORM
REGULAR AGENDA

JOINT COMMITTEE ON AGENCY RULE REVIEW

Agenda Item # _____
(Only 1 item # per Witness Slip)

Please check if you are an Agency Representative?

Name: _____
(PLEASE PRINT LEGIBLY)

Name, address, and phone of Organization/Department that you represent:

Rule number(s): _____

PROPONENT:

OPPONENT:

Please check basis for opposition testimony:

Legislative intent _____

Legislative authority _____

Conflict with other rule _____

Incomplete/inaccurate RSFA _____

Incorporation by reference _____

Adverse Business Impact Justification _____

Regulatory Restriction
Justification _____

Implements federal law or rule that is more
stringent or burdensome than federal
law or rule requires _____

Are you submitting written testimony? Yes No