



**Certification Page
Agencies Exempt from
Rule Making Provisions of the APA**

Revised June 2013

1. General Information

a. Agency/Board Name			
b. Agency/Board Address		c. City	d. Zip Code
e. Name of Contact Person		f. Contact Telephone Number	
g. Contact Email Address		h. Adoption Date	
i. Program			

2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.

If "New," provide the Enrolled Act number and year enacted:

b. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed <i>(Please use the Additional Rule Information form for more than 5 chapters, and attach it to this certification)</i>			
<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed	
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed

c. The authority to promulgate these rules is provided pursuant to W.S.

d. The attached rule(s) pertain to:

3. Agency/Board Certification

The undersigned certifies that:

1. The foregoing information is correct;
2. The attached rules are a true and correct copy; and
3. I am the Agency head of _____; or
 I am the chairperson of the _____.
(enter name of board)

<i>Signature of Authorized Individual</i> <i>(Blue ink as per Rules on Rules, Section 7)</i>	
<i>Printed Name of Signatory</i>	
<i>Signatory Title</i>	
<i>Date of Signature</i>	