

Transmittal Form for Commissioner's Rule Items

Exact Item Title

Staff Member Responsible	Date	<p>Fiscal Implications Statement Attached?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
Associate Commissioner Approval	Date	
Deputy Commissioner Approval	Date	<p>Data Implications Statement Attached?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
Legal Services Review/Approval <i>Legal signature indicates that legal counsel finds the rule(s) to be a valid exercise of the agency's legal authority.</i>	Date	<p>Government Growth Impact Statement Attached?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>