



## Proposed/Temporary Administrative Rules Form

### Section 1 (To be Completed by Agency)

|  |                                     |                                  |   |                                |
|--|-------------------------------------|----------------------------------|---|--------------------------------|
| <b>Agency Name:</b><br>Idaho State Department of Agriculture |                                     | <b>STARS Agency Code:</b><br>210 | <b>Fax Number:</b><br>(208)334-2378           | <b>Date:</b><br>April 22, 2014 |
| <b>Contact Person:</b><br>Stacie Ybarra                      | <b>Title:</b><br>Program Specialist | <b>Phone:</b><br>(208) 332-8691  | <b>Email:</b><br>stacie.ybarra@agri.idaho.gov |                                |
| <b>Person Authorizing Rule:</b><br>Brian Oakey               | <b>Title:</b><br>Deputy Director    | <b>Phone:</b><br>(208) 332-8500  | <b>Email:</b><br>brian.oakey@agri.idaho.gov   |                                |

**Statutory Authority for the rule making (Idaho Code, Federal Statute or Regulation):**  
Section 71-111, Idaho Code

**Title, Chapter, and Possible Docket (IDAPA) Number:**  
IDAPA 02.02.14 – Rules for Weights and Measures

**This rule is:**     Proposed     Temporary    **Effective Date:**

**If this is a temporary rule:**

Necessary to protect the public health, safety, or welfare; or

Compliance with deadlines in amendments to governing law or federal programs; or

Conferring a benefit.

**Please explain:**

**If this is a temporary rule which imposes a fee or charge, provide justification as described in Idaho Code 67-5226(2):**

**Agency has determined according to Idaho Code 67-5220(1):**

This rule is to be negotiated     Negotiation of this rule is not feasible

**If rule is negotiated:**

Agency certifies that the rule  has been or  will be negotiated with interested persons as outlined in Idaho Code 67-5220(3).    *(indicate which)*

**If rule negotiation is not feasible, the agency has determined:**

Rule is temporary; or     Lack of identifiable representatives of affected interests; or

Rule is simple in nature; or     Affected interests are not likely to reach consensus; or

Other.

**Please explain:**

**Provide a fiscal impact statement for all programs affected. Be sure to reflect both positive and negative impacts and to include all fund sources including both the General Fund and dedicated funds:**

ISDA anticipates the fiscal impact to the Weights and Measures dedicated fund to be less than \$500.00 annually.

**Provide a short explanation of the need for this rule:**

Currently, the rules allow a device license fee to be prorated based on when it was placed into service. The cost for Weights and Measures to inspect a device is the same regardless of when a device is placed into service. Therefore cost for time spent by Weights and Measures to calculate and adjust the prorated fee is far greater than the difference in the fee.

|  |   |
|--|---|
| <b>Provide a short summary of the changes this rule makes:</b><br>The following language will be removed from section 014. "License fees for new devices installed during the annual licensing period shall be prorated based on the remaining licensing cycle."                       |   |
| <b>Provide a list of those persons or interest group(s) affected by this rule:</b><br>This change will only affect new customers and existing customers who add a device during a licensing period.  |   |
| <b>Section 2 (To be Completed by DFM)</b>  |   |
| <b>DFM Analyst Comments:</b><br>This will change the fee for weights and measure to be the same amount no matter of when the device was installed. Currently the fee is prorated. It costs the inspector the same to provide this service regardless of when the device was installed. |   |
| <b>DFM Analyst Fiscal Impact Review:</b><br>Small increase to the weights and measures program.  |   |
| <b>DFM Analyst Signature &amp; Date:</b><br>Anita Hamann, May 5, 2014  | <b>Recommend:</b><br>X Yes <input type="checkbox"/> No                        |
| <b>Gov Special Assistant Signature &amp; Date:</b><br>Cally Younger, May 8, 2014   | <b>Recommend:</b><br>X Yes <input type="checkbox"/> No                        |
| <b>DFM Administrator Action:</b><br><input checked="" type="checkbox"/> <b>Approved</b><br><input type="checkbox"/> Authorized to Advance Rulemaking Process, DFM to review draft rule prior to publication (See Section 3)<br><input type="checkbox"/> Not Approved                   |   |
| <b>DFM Administrator Signature &amp; Date:</b><br>  5/9/2014  |   |
| <b>Section 3 ( To Be Completed By DFM if Required)</b>   |   |
| <b>DFM Analyst Signature &amp; Date:</b>   | <b>Recommend:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>DFM Administrator Signature &amp; Date:</b>   | <b>Approved:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |

Return via email to: [info@dfm.idaho.gov](mailto:info@dfm.idaho.gov)

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