



Proposed/Temporary Administrative Rules Form

Section 1 (To be Completed by Agency)

| | | | | |
|---|------------------------|---------------------------|------------------------------------|--------------------|
| Agency Name: ISDA | | STARS Agency Code: 210 | Fax Number: (208) 334-2283 | Date: June 1, 2015 |
| Contact Person: Jared Stuart | Title: Section Manager | Phone: (208) 332-8620 | Email: Jared.Stuart@agri.idaho.gov | |
| Person Authorizing Rule: Brian Oakey | Title: Deputy Director | Phone: (208) 332-8500 | Email: Brian.Oakey@agri.idaho.gov | |
| Statutory Authority for the rule making (Idaho Code, Federal Statute or Regulation): Section 25-2710, Idaho Code | | | | |
| Title, Chapter, and Possible Docket (IDAPA) Number: IDAPA 02.06.02 | | | | |
| This rule is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Temporary | | | Effective Date: | |
| <p>If this is a temporary rule:</p> <p><input type="checkbox"/> Necessary to protect the public health, safety, or welfare; or</p> <p><input type="checkbox"/> Compliance with deadlines in amendments to governing law or federal programs; or</p> <p><input type="checkbox"/> Conferring a benefit.</p> <p>Please explain:</p> | | | | |
| If this is a temporary rule which imposes a fee or charge, provide justification as described in Idaho Code 67-5226(2): | | | | |
| <p>Agency has determined according to Idaho Code 67-5220(1):</p> <p><input type="checkbox"/> This rule is to be negotiated <input checked="" type="checkbox"/> Negotiation of this rule is not feasible</p> | | | | |
| <p>If rule is negotiated:</p> <p>Agency certifies that the rule <input type="checkbox"/> has been or <input type="checkbox"/> will be negotiated with interested persons as outlined in Idaho Code 67-5220(3). <i>(indicate which)</i></p> | | | | |
| <p>If rule negotiation is not feasible, the agency has determined:</p> <p><input type="checkbox"/> Rule is temporary; or <input type="checkbox"/> Lack of identifiable representatives of affected interests; or</p> <p><input checked="" type="checkbox"/> Rule is simple in nature; or <input type="checkbox"/> Affected interests are not likely to reach consensus; or</p> <p><input type="checkbox"/> Other.</p> <p>Please explain: Changes to the existing rule are proposed to update the language pertaining to the incorporation by reference of the Association of American Feed Control Officials (AAFCO) Official Publication (OP) to reference the most current edition published.</p> | | | | |
| <p>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:</p> <p>ISDA does not anticipate any fiscal impact from changes to be made during this rulemaking.</p> | | | | |
| <p>Provide a short explanation of the need for this rule:</p> <p>IDAPA 02.06.02 incorporates by reference the AAFCO Official Publication. The changes to the rule will change the reference from the previous year's edition to the most current edition published.</p> | | | | |

| | |
|---|--|
| Provide a short summary of the changes this rule makes: Changes to the rule will update the incorporated by referenced AAFCO OP to reference the current published edition. | |
| Provide a list of those persons or interest group(s) affected by this rule: Commercial Feed Industry | |
| Section 2 (To be Completed by DFM) | |
| DFM Analyst Comments: Changes the reference to the most current publication. | |
| DFM Analyst Fiscal Impact Review: | |
| DFM Analyst Signature & Date: Anita Hamann, June 5, 2015 | Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gov Special Assistant Signature & Date: Cally Younger June 8, 2015 | Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| DFM Administrator Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Authorized to Advance Rulemaking Process, DFM to review draft rule prior to publication (See Section 3) <input type="checkbox"/> Not Approved | |
| DFM Administrator Signature & Date:  6/10/2015 | |
| Section 3 (To Be Completed By DFM if Required) | |
| DFM Analyst Signature & Date: | Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DFM Administrator Signature & Date: | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Return via email to: info@dfm.idaho.gov