



## Proposed/Temporary Administrative Rules Form

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

Agency Name: Idaho State Department of Agriculture		STARS Agency Code: 210	Fax Number: (208) 334-2378	Date: June 2, 2015
Contact Person: Kevin Merritt	Title: Section Manager	Phone: (208) 332-8692	Email: Kevin.merritt@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 71-111 Idaho Code				
Title, Chapter, and Possible Docket (IDAPA) Number: IDAPA 02.02.14 – Rules for Weights and Measures				
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): This Rule imposes no fee or charge.				
<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: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking will not be conducted because of the simple nature of the proposed amendment.</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 the changes to be made to the Rule during this rulemaking.</p>				
<p>Provide a short explanation of the need for this rule:</p> <p>To incorporate by reference the 2016 edition of the National Institute of Standards and Technology Handbook 44, Specifications, Tolerances, and Other Technical Requirements for Weighing and Measuring Devices. NIST documents are available online at <a href="http://www.nist.gov/pml/wmd/index.cfm">www.nist.gov/pml/wmd/index.cfm</a>.</p>				

<b>Provide a short summary of the changes this rule makes:</b>	
To update the incorporation by reference from the 2015 edition to the 2016 edition.	
<b>Provide a list of those persons or interest group(s) affected by this rule:</b>	
Any entity owning, operating or providing repair services for commercially used weighing or measuring devices.	
<b>Section 2 (To be Completed by DFM)</b>	
<b>DFM Analyst Comments:</b> Change is to reference the latest publication.	
<b>DFM Analyst Fiscal Impact Review:</b>	
<b>DFM Analyst Signature &amp; Date:</b> Anita Hamann, June 5, 2015	<b>Recommend:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gov Special Assistant Signature &amp; Date:</b> Cally Younger June 8, 2015	<b>Recommend:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>DFM Administrator Action:</b> <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	
<b>DFM Administrator Signature &amp; Date:</b>  6/10/2015	
<b>Section 3 ( To Be Completed By DFM if Required)</b>	
<b>DFM Analyst Signature &amp; Date:</b>	<b>Recommend:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DFM Administrator Signature &amp; Date:</b>	<b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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