

# NMAC

## Transmittal Form

Volume:  Issue:  Publication Date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:  Agency DFA code:

Contact person's name:  Phone number:  E-mail address:

Type of rule action:  New  Amendment  Repeal  Repeal/Replace  Renummer  Emergency  (ALD Use Only) Most Recent Filing Date:

Title number:  Title name:

Chapter number:  Chapter name:

Part number:  Part name:

Amendment Description (If filing an Amendment):  Amendment's NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference? Yes  No  Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received? Yes  No  Public domain

### Concise Explanatory Statement for rulemaking adoption:

Notice date(s):  Hearing date(s):  Rule Adoption date:  Rule Effective date:

Specific statutory or other authority authorizing rulemaking:

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.

Issuing authority (If delegated, authority letter must be on file with ALD):  
Name:  Check if authority has been delegated   
Title:

Signature: (BLACK ink only)  Date signed: