

WITNESS FORM
NO CHANGE AGENDA

JOINT COMMITTEE ON AGENCY RULE REVIEW

Agenda Item # _____
(Only 1 item # per Witness Slip)

Please check if you are an Agency Representative?

Name: _____
(PLEASE PRINT LEGIBLY)

Name, address, and phone of Organization/Department that you represent:

Rule number(s): _____

PROPONENT:

OPPONENT:

Please check basis for opposition testimony:

Agency improperly applied review criteria in R.C. 106.03 _____

Incorporation by reference _____

Adverse Business Impact Justification _____

Failure to justify retention of rule containing regulatory restriction _____

Rule implements a federal law or rule in a manner that is more stringent
or burdensome than the federal law or rule requires _____

Are you submitting written testimony? Yes No