Certification Page
Agencies Exempt from the APA

1. General Information

a. Agency/Board Name *See attached list for references*		
b. Agency/Board Address	c. Agency/Board City	d. Agency/Board Zip Code
e. Name of Contact Person	f. Contact Telephone Number	
g. Contact Email Address	h. Adoption Date	
i. Program(s) *See attached list for references*		

2. Rule Type and Information

a. Choose all that apply: ☐ New Rules* ☐ Amended Rules ☐ Repealed Rules

** "New" rules means the first set of regular rules to be promulgated by the Agency after the Legislature adopted a new statutory provision or significantly amended an existing statute.*

If "New," provide the Enrolled Act number and year enacted:

b. Provide the Chapter Number and Short Title of Each Chapter being Created/Amended/Repealed *(if more than 3 chapters are being created/amended/repealed, please use the Additional Rule Information form and attach it to this certification)*

Chapter Number:	Short Title:
Chapter Number:	Short Title:
Chapter Number:	Short Title:

c. The authority to promulgate these rules is provided pursuant to W.S.

d. The attached rule(s) pertain to:

3. Agency/Board Certification

The undersigned certifies that:

1. The foregoing information is correct;
2. The attached rules are a true and correct copy; and
3. ☐ I am the Agency head of _____; or
   ☐ I am the chairperson of the _____.
   (enter name of board)

Signature of Authorized Individual	
Printed Name of Signatory	
Signatory Title	
Date of Signature	

Distribution List:

- Secretary of State: Hard copy of certification page; PDF copy of final rules sent to rules@state.wy.us