

APA-2

**ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHOTISTS  
Notice of Intended Action**

**AGENCY NAME: ALABAMA STATE BOARD OF PROSTHETISTS  
AND ORTHOTISTS**

**RULE NO. & TITLE: 746-X-2-.04  
APPLICATION FEE REQUIRED**

**INTENDED ACTION: Amend**

**SUBSTANCE OF PROPOSED ACTION: Amend schedule of application fees.**

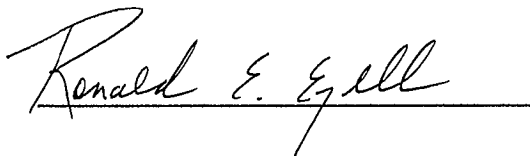
**TIME, PLACE, MANNER OF PRESENTING VIEWS: The Board will consider  
all written comments received no later than June 27, 2009.**

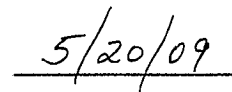
**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:  
The record shall be closed on July 2, 2009.**

**CONTACT PERSON AT AGENCY: Ronald E. Ezell, Executive Director, P.O. Box  
1052, Montgomery, AL 36101, 441 High Street, Montgomery, AL 36104. Phone:  
334-420-1111.**

**Signature of authorizing official**

**Date**

  
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