**APA-2**

**(Agency Name)**

**(Agency Division, if applicable)**

**NOTICE OF INTENDED ACTION**

AGENCY NAME:

RULE NO. & TITLE:

INTENDED ACTION:

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE, MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of officer authorized

 to promulgate and adopt

 rules or his or her deputy)