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(SUBMIT A SEPARATE INSERTION ORDER PER DOCUMENT)

EMERGENCY RULE NOTICE OF INTENT RULE POTPOURRI

REFER TO INSTRUCTIONS ON REVERSE SIDE

This is your authority to publish in the (month) July 16, 20 16 Louisiana Register the document indicated above.

LP Gas Commission/Public Safety Services
Office/Board/Commission promulgating this document

Department of Public Safety & Corrections

Department under which office/board/commission is classified

John W. Alario Executive Director
(name) (title)
Name and title of person whose signature will appear in the publication (at the end of the document)

Melinda L. Long 225-925-6103 225-925-4624
(name) (phone) (fax)
Name, phone number, and FAX number of person to contact regarding this document
melinda.long@la.gov
E-mail address of contact person

Provide a short descriptive listing for this document to be used in the Louisiana Register's TABLE OF CONTENTS/INDEX (note: this description should match the fiscal statement title, if sending a Notice of Intent:

*If sending a diskette, indicate the name of the file on diskette:

Requirements/permit fees

Important: If submitting both an Emergency Rule (ER) and a Notice of Intent (NOI) to be published this month, AND if the rule text in the ER is identical to the rule text in the NOI, check here:

Signature of Agency Head or Designee

Major Jason Starnes

Print Name and Title of Agency Head or Designee

CERTIFICATION OF AVAILABLE FUNDS

ISIS AGENCY: I certify the availability of fiscal year 17-18 appropriated funds for the payment of the above referenced publication and authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for additional lines of coding.

AGENCY	ORGANIZATION #	OBJECT	SUB-OBJECT	REPORTING CATEGORY
424	2651	2710	01	6700

NON-ISIS AGENCY: I certify the availability of fiscal year _____ appropriated funds for the payment of the above referenced publication and agree to place corresponding invoice in line for payment upon receipt.

Billing Address for Agencies:

LP Gas Commission/Dept. of Public Safety

Agency Name

P.O. Box 66029

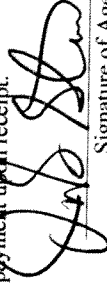
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Signature of Agency Head or Designee - Phone #

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