

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi Insurance Department Person to Contact Kimberly Gilmer

Address 501 N. West St., Woolfolk Bldg., 10th Fl Address Post Office Box 79

Jackson, MS 39201 Jackson, MS 39205

Phone 601/359-3569 Transmittal Date July 18, 2005

Copy Attached: Yes  No

Name or Number of Rule(s) Regulation No. MSCB-1

Terms or Substance of the Actions or Description of the Subject and Issues:

The purpose of this Regulation is to establish the minimum education training standard and process for the certification of fire personnel in the State of Mississippi.

Printed Name and Title of Person Authorized to File Rules: Kimberly Gilmer Special Assistant Attorney General

Name Kimberly Gilmer Title \_\_\_\_\_  
Signature \_\_\_\_\_

EMERGENCY RULES

Original Filing  
 Renewal of Effectiveness  
To Be In Effect \_\_\_\_\_ Days  
Effective Date:  
 Immediately on  
 Other (Specify): \_\_\_\_\_

PROPOSED ACTION ON RULES

Action Proposed:  
 New Rule(s)  
 Amendment to Existing Rule(s)  
 Repeal of Existing Rule(s)  
 Adoption by Reference  
Proposed Date of Adoption:  
 30 Days after Filing  
 Other (Specify): \_\_\_\_\_

FINAL ACTION ON RULES

Action Taken:  
 Adopted with No Changes in Text  
 Adopted with Changes  
 Adopted by Reference  
 Withdrawn  
Date Action Taken \_\_\_\_\_  
Effective Date  
 30 Days After Filing  
 Other (Specify): \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP

OFFICIAL FILING STAMP

OFFICIAL FILING STAMP

Accepted for filing by \_\_\_\_\_

Accepted for filing by \_\_\_\_\_

Accepted for filing by \_\_\_\_\_