SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS Department of Wildlife, Fisheries & Parks	Sally Sutherland	601-432-2400	
ADDRESS	CITY	STATE	ZIP
1505 Eastover Drive	Jackson	MS	39211
EMAIL	SUBMIT DATE	Name or number of rule(s):	
sallys@mdwfp.state.ms.us	8 19 10	F3 3798	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Change from 5 years to 3 years for period of time since permit applicants were convicted of a violation; change creel limit to five paddlefish/daily during paddlefish summer harvest season; change dates for the Moon Lake Zone paddlefish season.

Specific legal authority authorizing the promulgation of rule: 49-1-29;49-7-8; 49-7-9; 49-7-81; 49-7-90

List all rules repealed, amended, or suspended by the proposed rule: F2 3798

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**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): _____	**Action taken:** Adopted with no changes in text Adopted with changes Adopted by reference X Withdrawn _____ Repeal adopted as proposed **Effective date:** __ **30** days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: **SAM POLLES, Ph.D., Executive Director**

Signature of person authorized to file rules: S Polles

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED AUG 19 2010 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 17234 CB