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	
Mississippi Emergency Management Agency		Allison Killebrew	601-933-6384	
ADDRESS		CITY	STATE	ZIP
#1 MEMA Drive		Pearl	MS	39154
EMAIL	SUBMIT DATE	Name or number of rule(s):		
akillebrew@mema.ms.gov	9-7-2011	31 Mississippi Administrative Code, Pt. 201, R. 1.1 – 5.9		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To adopt rules mandated by the Administrative Procedures Act Rules as contained in Miss. Code. Ann. § 25-43-2.104.
Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 25-43 et al, §§ 33-15 et al and §§ 25-61 et al

List all rules repealed, amended, or suspended by the proposed rule: All previous rule making as submitted by the Mississippi Emergency Management Agency

ORAL PROCEEDING:

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

☐ 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
		Date Proposed Rule Filed: 7.15.2011
____ Original filing	Action proposed:	Action taken:
____ Renewal of effectiveness	____ New rule(s)	X____ Adopted with no changes in text
To be in effect in ____ days	____ Amendment to existing rule(s)	____ Adopted with changes
Effective date:	____ Repeal of existing rule(s)	____ Adopted by reference
____ Immediately upon filing	____ Adoption by reference	____ Withdrawn
____ Other (specify): ____	Proposed final effective date:	____ Repeal adopted as proposed
	____ 30 days after filing	Effective date:
	____ Other (specify): ____	X____ 30 days after filing
		____ Other (specify): ____

Printed name and Title of person authorized to file rules: Thomas M. "Mike" Womack, Executive Director
Signature of person authorized to file rules: Thomas M. Womack

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED SEP 07 2011 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by CB 18073E ✓ Compilation

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.