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Required Curriculum:Direct Pt Care Course Hours (Conform to AB 2684)  SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)  SECTION(S) AFFECTED (List all section number(s) individually. Attach dditional sheet if needed.)  1426  REPEAL  REPEAL  REPEAL  REPEAL  REPEAL  REPEAL  REPEAL  Code \$11346.  REPEAL  Code \$11349.  Code \$11349.  Code \$11349.  Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §\$11349.3, 11349.4)  Emergency (Gov. Code \$8, 11349.3, 11349.4)  Emergency (Gov. Code.  §11346.1(b))  ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, \$44 and Gov. Code \$11349.  EFFECTIVE DATE OF CHANGES (Gov. Code, \$11344.1, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11344.1, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFfective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFective DATE OF CHANGES (Gov. Code, \$11343.4, 11346.1(d), Cal. Code Regs., title 1, \$100)  EFFECTIVE DATE AND (AND TITLE OF SIGNATORY)  Telephone Indicate of Code Regs., title 1, \$100  EMA	Required Curriculum: Direct Pt Care Course Hours (Conform to AB 2684)  SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 28, if toxics related)  SECTION(S) AFFECTED (List all section number(s) individually. Attach dditional sheet if needed.)  AMEND 1426  Repeal (S) Repeal Rulemaking (Gov. Code Septing 1946)  Regular Rulemaking (Gov. Code Septing 1946)  Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, Septing 1949)  Emergency (Gov. Code	. SUBMI	SSION OF REGU	JLATION	S (Complet			regulations)		
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ADDPT  (List all section number(s) individually. Attach delitional sheet if needed.)  AMEND  1426  TYPE OF FILING  Regular Rulemaking (Gov. Code § 11346)  Resubmittal of disapproved provisions of Gov. Code § 11346.2-11347.3 either before the emergency regulation was adopted or withdrawn nonemergency filing (Gov. Code § 11349.3, 11349.4)  Emergency (Gov. Code, § 11349.4, 11349.4)  Emergency (Gov. Code, § 11349.4)  Emergency (Gov. Code, § 11349.4, 11349.4)  Emergency (Gov. Code, § 11349	ADOPT  (List all section number(s) individually. Attach dditional sheet if needed.)  TYPE OF FILING  Regular Rulemaking (Gov. Code, \$11346)  Regular Rulemaking (Gov. Code, \$11346)  Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, \$11348.4)  Semergency (Gov. Code, \$11349.3, 11349.4)  Emergency (Gov. Code, \$11346.1)  Emergency (Gov. Code, \$11346.1)  Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, \$11346.1)  File & Print  Print Only  Print Only  ALL BESINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS ANDIOR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, \$44 and Gov. Code  EFFECTIVE DATE OF CHANGES (Gov. Code, \$\$11343.4, 11344.1)  CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY. ANOTHER AGENCY OR ENTITY  Department of Finance (Form STD. 399) (SAM §6660)  TELEPHONE NUMBER  FIX NUMBER (Optional)  Other (Specify)  CONTACT PERSON  Arisas Clark  Other (Specify)  TELEPHONE NUMBER  FAX NUMBER (Optional)  Arisas Clark  Other (Specify)  For use by Office of Administrative Law (O in the regulation(s) is a true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.	Required	Curriculum:Direct	Pt Care	Course Hou	rs (Confo	rm to AB 2	684)		
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High ditional sheet if needed.)    1426	1426									
TYPE OF FILING  Regular Rulemaking (Gov. Code §11346)  Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §11346.1(h))  Emergency (Gov. Code, §11346.3, 11346.3 (h))  Emergency (Gov. Code, §11346.3 (h))  ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs., title 1, §44 and Gov. Code §11343.4 (n))  EFFECTIVE DATE OF CHANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGES (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGE (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGE (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGE (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGE (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGE (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGE (Gov. Code, §11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  EFFECTIVE DATE OF GENANGE (Gov. Code,	TYPE OF FILING Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code, §11348.2.11347.3 either before the emergency regulation was adopted or withing (Gov. Code, §11349.3.11349									
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Regular Rulemaking (Gov. Code §11346) Code §11346) Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §\$1346.2-11347.3 sither before the emergency regulation was adopted or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4) Emergency (Gov. Code, §11346.1(b))  ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.4)  Effective DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs. title 1, §100) Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective Other 1 (Gov. Code §11343.4(a))  Effective Other 1 (Gov. Code §11343.4(	Regular Rulemaking (Gov. Code §11346)  Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11346.211347.3 either before the emergency regulation was adopted or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)  Emergency (Gov. Code §11349.3, 11349.3)  Eride (Gov. Code §11349.4)  Eride (Gov. Code §11349							·		
Resubmittal of disapproved or withdrawn nonemergency filling (Gov. Code §§ 11343.2, 3 aither before the emergency regulation was adopted or within the time period required by statute.  Emergency (Gov. Code §§ 11349.3, 11349.4)  Emergency (Gov. Code. §§ 11341.1)  Emergency (Gov. Code. §§ 11341.1)  ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code. §11347.3)  EFFECTIVE DATE OF CHANGES (Gov. Code. §§ 11343.4, 11346.1(d), Cal. Code Regs., title 1, §100.)  Effective January 1, April 1, July 1, or October 1 (Gov. Code) §11343.4(a))  CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY  Department of Finance (Form STD. 399) (SAM §6660)  TelePHONE NUMBER   FAX NUMBER (Optional)   State Fire Marshal  Other (Specify)  CONTACT PERSON   TelePHONE NUMBER   FAX NUMBER (Optional)   Security (Gov. Code.)   Security (Gov. Code.)   Security (Gov. Code.)   Security (Gov. Code.)   State Fire Marshal  TelePHONE NUMBER   FAX NUMBER (Optional)   Security (Gov. Code.)   State Fire Marshal  Other (Specify)  CONTACT PERSON   TelePHONE NUMBER   FAX NUMBER (Optional)   Security (Gov. Code.)   Security (Gov.	Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11346.2·11347.3 either before the emergency regulation was adopted or within the time period required by statute.  Emergency (Gov. Code §§11349.3, 11349.4)  Emergency (Gov. Code, §§11345.1(b))  ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code EFFECTIVE DATE OF CHANGES (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)  Effective January 1, April 1, July 1, or October 1 (Gov. Code §§11343.4, (a))  CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY  Department of Finance (Form STD. 399) (SAM §6660)  TELEPHONE NUMBER FAX NUMBER (Optional)  Other (Specify)  CONTACT PERSON  Marissa Clark  TELEPHONE NUMBER 916-574-7438  Parallatone of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  GRAATURE OF AGENCY HEAD OR DESIGNEE  DATE  JULY 2022  TO CODE THE RULEMAKING FILE (Cal. Code Regs., title 1, §100)  Other (Specify)  Effective other SP (Cal. Code Regs., title 1, §44 and Gov. Code Regs., title 1, §44 and Gov. Code Regs., title 1, §45 and Gov. Code Regs., title 1, §45 and Gov. Code Regs., title 1, §46 and Gov. Code Regs., title 1, §46 and Gov. Code Regs., title 1, §46 and Gov. Code Regs., title 1, §40 and Gov. Code Regs	Regular F	Rulemaking (Gov.	Certifica	te of Compliance	: The agency	officer named			
or withdrawn nonemergency in the time period required by statute.  File & Print Print Only  Other (Specify)  Other (Specify)  Other (Specify)  Print Only  Other (Specify)  Other (Specify)  Print Only  Other (Specify)  Print Only  Print Only  Other (Specify)  Other (Specify)  Print Only  Print Only  Print Only  Print Only  Print Only  Print Only  Other (Specify)  Other (Specify)  Print Only  Other (Specify)  Print Only  Other (Specify)  Other (S	or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)  Emergency (Gov. Code §§11349.3, 11349.4)  Emergency (Gov. Code, §11346.1(b))  ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code  EFFECTIVE DATE OF CHANGES (Gov. Code, §\$ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4, a), or Secretary of State  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4, a), or Secretary of State  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4, a), or Secretary of State  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4, a), or Secretary of State  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4, a), or Secretary of State  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4, a), or Secretary of State  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4, a), or Secretary of State  Effective January 1, 2023  CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY  Department of Finance (Form STD. 399) (SAM §6660)  Fair Political Practices Commission  Other (Specify)  CONTACT PERSON  Marissa Clark  916-574-7438  916-574-7700  Marissa. Clark@dca.ca.c  For use by Office of Administrative Law (Office office Law (Office office Office Office Office Office Office Office Office Office Of		•	provision	ns of Gov. Code §	§§11346.2-11	347.3 either	(Gov. Code, §113	46.1(h))	
Emergency (Gov. Code,   Resubmittal of disapproved or withdrawn   State Fire Marshal	Emergency (Gov. Code, Stide 1, S44 and Gov. Code, Stide 1, S45 and Gov. Code, Stide 1, S45 and Gov. Code Regs. title 1, S46 and Gov. Code Regs. title 1, S40	or withdra	wn nonemergency					File & Print		Print Only
### State Fire Marshal    State Fire Marshal   State Fire Marshal   Contract Person Marissa Clark   Secretary of the regulation(s) identified on this form, is true and correct, and that I am the head of the agency, and am authorized to make this certification.    State Fire Alander (Pach Note)   Date (Specify)   Secretary of State   Secretary	### State Fire Marshal    State Fire Marshal   Contract Person   C	11349.4)		Resubm	nittal of disapprove	ed or withdrav	٧n	Other (Specify)		
EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY  Department of Finance (Form STD. 399) (SAM §6660)  TelePHONE NUMBER Ontact Person Marissa Clark  I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  Effective other (Specify)  Fair Political Practices Commission  TelePHONE NUMBER FAX NUMBER (Optional) 916-574-7700  Marissa. Clark@dca.ca.gov  For use by Office of Administrative Law (OAL) or a designee of the head of the agency, and am authorized to make this certification.  GNATURE OF AGENCY HEAD OR DESIGNEE  DATE 11/2/2022	EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100.)  Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY  Department of Finance (Form STD. 399) (SAM §6660)  TELEPHONE NUMBER FAX NUMBER (Optional)  Arrissa Clark  Telephone Number FAX Number (Optional)  Fair Political Practices Commission  Telephone Number FAX Number (Optional)  916-574-7438  1 certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  Telephone Number FAX Number (Optional)  916-574-7438  For use by Office of Administrative Law (Omegana of the properties of the pro	§11346.1	(b))						AVINC FILE (O	al Code Dage File 4 CA4 and Cov Code C41247
Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective on filing with Regulatory Effect  Regulatory Effect  Regulatory Effect  Effective other Regulatory Effect  Regulatory Effect  Effective other Effective Other Adenvir Effect  Effective other Effective Other Adenvir Papers  Effective other Effective Other Adenvir Effect  Effective other Effective Other Effect  Effective other	Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective on filing with Secretary of State  Regulatory Effect  Regulatory Effective other (Specify)  Department of Finance (Form STD. 399) (SAM §6660)  Fair Political Practices Commission  State Fire Marshal  Other (Specify)  CONTACT PERSON  Marissa Clark  Political Practices Commission  State Fire Marshal  Phase (Optional)  Political Practices Commission  FAX NUMBER (Optional)  Political Practices Commission  State Fire Marshal  Contract Person  Marissa Clark  Political Practices Commission  For use by Office of Administrative Law (On the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  Boate  Date  11/2/2022  Political Practices Commission  State Fire Marshal  State Fire							AL ADDED TO THE ROLEM	AKING FILE (Ca	ai. Code Regs. title 1, 944 and Gov. Code 911347.
Department of Finance (Form STD. 399) (SAM §6660)  Other (Specify)  CONTACT PERSON Marissa Clark  Department of Finance (Form STD. 399) (SAM §6660)  TELEPHONE NUMBER 916-574-7438  Part Number (Optional) 916-574-7700  Marissa.Clark@dca.ca.gov  For use by Office of Administrative Law (OAL) or or a designee of the head of the agency, and am authorized to make this certification.  DATE 1/2/2022  PPED NAME AND TITLE OF SIGNATORY	Department of Finance (Form STD. 399) (SAM §6660)  Other (Specify)  CONTACT PERSON Marissa Clark  Department of Finance (Form STD. 399) (SAM §6660)  TELEPHONE NUMBER 916-574-7438  Part Political Practices Commission  FAX NUMBER (Optional) 916-574-7700  Marissa.Clark@dca.ca.g  For use by Office of Administrative Law (On the regulation of the regulation of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  DATE  James Vysey  DATE 11/2/2022	Effective	January 1, April 1, July 1	, or	Effective on filin	ng with	§100 Changes		January	v 1, 2023
TELEPHONE NUMBER  Arissa Clark  916-574-7438  916-574-7700  Marissa.Clark@dca.ca.gov  I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  GNATURE OF AGENCY HEAD OR DESIGNEE  Area of years of the company of the signatory  DATE 11/2/2022	TELEPHONE NUMBER  Arissa Clark  916-574-7438  916-574-7700  Marissa.Clark@dca.ca.g  I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  GNATURE OF AGENCY HEAD OR DESIGNEE  Area of Young 17 and	Departme	ent of Finance (Form STE			DINSULTATION,			THER AGENCY	<del></del>
Agrissa Clark  916-574-7438  916-574-7700  Marissa.Clark@dca.ca.gov  I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  GNATURE OF AGENCY HEAD OR DESIGNEE  JOATE 11/2/2022  (PED NAME AND TITLE OF SIGNATORY)  Marissa.Clark@dca.ca.gov  For use by Office of Administrative Law (OAL) or  DATE 11/2/2022	Agrissa Clark  916-574-7438  916-574-7700  Marissa.Clark@dca.ca.g  I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  GNATURE OF AGENCY HEAD OR DESIGNEE  JOATE 11/2/2022  (PED NAME AND TITLE OF SIGNATORY)  Marissa.Clark@dca.ca.g  For use by Office of Administrative Law (O					TELEPHONE	NUMBER	FAX NUMBER (	Optional)	F-MAIL ADDRESS (Optional)
of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  GNATURE OF AGENCY HEAD OR DESIGNEE  Of DATE  11/2/2022  (PED NAME AND TITLE OF SIGNATORY	of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.  GNATURE OF AGENCY HEAD OR DESIGNEE  The destription of the agency and am authorized to make this certification.  DATE  11/2/2022	/larissa C	lark			916-57	4-7438	916-574-		1
が成立いない 11/2/2022 /PED NAME AND TITLE OF SIGNATORY	が成立いない 11/2/2022 /PED NAME AND TITLE OF SIGNATORY	of the reg	julation(s) identified d correct, and that	on this for	rm, that the in ead of the age	nformation ency taking	specified or g this action	n this form	For use by	Office of Administrative Law (OAL) on
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CHARLE BRAIN WAN USAN EVACUTIVA CITICAN	Loretta ivielby. KIN, IVIOIN, EXECUTIVE Officer				Off	<u> </u>	······································			