

## PETITION FOR ADOPTION, AMENDMENT, OR REPEAL OF A STATE ADMINISTRATIVE RULE

**Print Form** 

In accordance with RCW 34.05,330, the Office of Financial Management (OFM) created this form for individuals or groups who wish to petition a state agency or institution of higher education to adopt, amend, or repeal an administrative rule. You may use this form to submit your request. You also may contact agencies using other formats, such as a letter or email.

The agency or institution will give full consideration to your petition and will respond to you within 60 days of receiving your petition. For more information on the rule petition process, see Chapter 82-05 of the Washington Administrative Code (WAC) at <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=82-05">http://apps.leg.wa.gov/wac/default.aspx?cite=82-05</a>.

CONTACT INFORMATION (please type or print)				
Petitioner's Name				
Name of Organization				
Mailing Address PO Box 1067				
City Chewelah	State	WA	Zip Code 99109	
Telephone 509-951-1786	Email	matcoman@ce	nturytel.net	
COMPLETING AND SENDING PETITION FORM				
Check all of the boxes that apply.				
Provide relevant examples.				
• Include suggested language for a rule, if possible.				
Attach additional pages, if needed.				
<ul> <li>Send your petition to the agency with authority to a their rules coordinators: <a href="http://www,leg.wa.gov/Coordinators">http://www,leg.wa.gov/Coordinators</a></li> </ul>	adopt o deRevi	r administer ti ser/Document	he rule. Here is a list of agencies and is/RClist.htm.	
INFORMATION ON RULE PETITION				
Agency responsible for adopting or administering the rule: Washington Department of Fish and Wildlife				
1. NEW RULE - I am requesting the agency to adopt a new rule.				
The subject (or purpose) of this rule is:				
The rule is needed because:				
☐ The new rule would affect the following peop	le or g	roups:		

List rule number (WAC), if known: WAC 220-312-050	
I am requesting the following change: See attached document.	
★ This change is needed because: See attached document.	· · · · · · · · · · · · · · · · · · ·
▼ The effect of this rule change will be: See attached document.	
The rule is not clearly or simply stated:	
3. REPEAL RULE - I am requesting the agency to eliminate an existing rule.	
List rule number (WAC), if known:	
(Check one or more boxes)  It does not do what it was intended to do.	
☐ It is no longer needed because:	
☐ It imposes unreasonable costs:	
The agency has no authority to make this rule:	
It is applied differently to public and private parties:	
It conflicts with another federal, state, or local law or rule. List conflicting law or rule, if known:	
It duplicates another federal, state or local law or rule.  List duplicate law or rule, if known:	
Other (please explain):	