

**CONTACT INFORMATION** (please type or print)

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

Print Form

In accordance with <u>RCW 34.05.330</u>, 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>.

Petitioner's Name Kenneth Beekman					
Name of Organization N/A					
Mailing Address					
City Mount Vernon	State	WA	Zip Code	98273	
Telephone	Email				
COMPLETING AND SENDING PETITION	N 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 a their rules coordinators: <a href="http://www.leg.">http://www.leg.</a></li> </ul>					
INFORMATION ON RULE PETITION					
Agency responsible for adopting or admir	nistering the rule:	Rules Co	ordinator @ wd	fg	
The subject (or purpose) of this ru	ule is:				
	Seniors (65+) lack the strength and coordination to draw and shoot conventional bow with any degree of accuracy needed to harvest an animal successfully. NOTE: I am unabe to type ABOVE!				
	owing people or gr	the		65 years old. It would also contribute to unds through sales taxes and license fees.	

2. AMEND RULE - I am requesting the agency to change an existing rule.				
List rule number (WAC), if known:				
I am requesting the following change:				
This change is needed because:				
The effect of this rule change will be:				
The rule is not clearly or simply stated:				
☐ 3. REPEAL RULE - I am requesting the agency to eliminate an existing rule.				
O. N.E. E. Z.E. N.O.E. Tum requesting the agency to emininate an existing rate.				
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):				