

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

| | | | |
|-------------------------|---------------------------|---------------------------------|-------------------------|
| OAL FILE NUMBERS | NOTICE FILE NUMBER | REGULATORY ACTION NUMBER | EMERGENCY NUMBER |
| Z- | | 2018-1010-04EE | |

For use by Office of Administrative Law (OAL) only

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|--|----------------------------|
| <p>2018 OCT 10 A 11:32</p> <p>OFFICE OF ADMINISTRATIVE LAW</p> | <p>2018 OCT 16 2:19 pm</p> |
| NOTICE | REGULATIONS |

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

OCT 16 2018

2:19 pm

AGENCY WITH RULEMAKING AUTHORITY
Veterinary Medical Board

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

| | | | | | |
|--|--|--------------------------|------------------------|-------------------------------|-----------------------|
| 1. SUBJECT OF NOTICE | | TITLE(S) | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE | |
| 3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other | | 4. AGENCY CONTACT PERSON | | TELEPHONE NUMBER | FAX NUMBER (Optional) |
| OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input checked="" type="radio"/> Disapproved/Withdrawn | | NOTICE REGISTER NUMBER | | PUBLICATION DATE | |

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

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| 1a. SUBJECT OF REGULATION(S) Fee Schedule | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION 2018-0221-03E, 2018-0726-03ee request |
|--|---|

| | |
|---|---------------------|
| 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) | |
| ACTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) | ADOPT |
| | AMEND 2070, 2071 |
| TITLE(S) 16 | REPEAL |

3. TYPE OF FILING

| | | | |
|---|---|--|---|
| <input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) | <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §511346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. | <input checked="" type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) | <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) | <input type="checkbox"/> File & Print | <input type="checkbox"/> Print Only |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) | | <input type="checkbox"/> Other (Specify) _____ | |

4. 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 §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) | <input type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> §100 Changes Without Regulatory Effect | <input checked="" type="checkbox"/> Effective other (Specify) 12/05/2018 |
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

| | | |
|---|--|---|
| <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal |
| <input checked="" type="checkbox"/> Other (Specify) Dean R. Grafilo, Director, Department of Consumer Affairs | | |

| | | | |
|--------------------------------------|------------------------------------|-----------------------|---|
| 7. CONTACT PERSON Amanda Drummond | TELEPHONE NUMBER (916) 515-5238 | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional) amanda.drummond@dca.ca.gov |
|--------------------------------------|------------------------------------|-----------------------|---|

8. 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.

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| SIGNATURE OF AGENCY HEAD OR DESIGNEE | DATE 10/2/18 |
| TYPE, NAME AND TITLE OF SIGNATORY Jessica Siefertman, Executive Officer | |

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ENDORSED APPROVED

OCT 16 2018

Office of Administrative Law