

## Section I

Notices of Development of Proposed Rules  
and Negotiated Rulemaking

## DEPARTMENT OF STATE

## Division of Elections

RULE NO.: 1S-2.042  
 RULE TITLE: Third-Party Voter Registration Organizations

PURPOSE AND EFFECT: The primary purpose is to implement law regarding third-party voter registration organizations consistent with the statutory changes made during the 2011 Florida legislation session to Section 99.0575, F.S.

SUBJECT AREA TO BE ADDRESSED: Third-party voter registration organizations.

RULEMAKING AUTHORITY: 20.10(3), 97.012(1), (2), (15), 97.0575(1), (2), (5) FS.

LAW IMPLEMENTED: 97.012(1), (2), (15), (37), 97.053, 97.0575 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: June 28, 2011, 9:00 a.m.

PLACE: Room 307, R.A. Gray Building, Department of State, 500 S. Bronough Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 hours before the workshop/meeting by contacting: Gary J. Holland, Assistant General Counsel, Office of General Counsel, Department of State, R. A. Gray Building, 500 S. Bronough Street, Tallahassee, FL 32399-0250, telephone: (850)245-6536; e-mail: gjholland@dos.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Gary J. Holland, Assistant General Counsel, Office of General Counsel, Department of State, R. A. Gray Building, 500 S. Bronough Street, Tallahassee, FL 32399-0250, telephone: (850)245-6536, e-mail: gjholland@dos.state.fl.us

The full text of the preliminary draft can be found at: <http://election.dos.state.fl.us/rules/proposed-rules/index.shtml>.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

## AGENCY FOR HEALTH CARE ADMINISTRATION

## Medicaid

RULE NO.: 59G-13.032  
 RULE TITLE: Aged and Disabled Adult Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards

PURPOSE AND EFFECT: The purpose is to adopt Rule 59G-13.032, F.A.C., that will incorporate by reference the following: the Aged and Disabled Adult Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011. The rule will require providers enrolled in the Medicaid program to be in compliance with the aforementioned incorporated materials.

SUBJECT AREA TO BE ADDRESSED: The rule will address the Aged and Disabled Adult Waiver Disposable Incontinence Medical Supplies, Procedure Codes, Fee Schedule and Quality Standards.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Monday, June 27, 2011, 1:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Dan Gabric at the Bureau of Medicaid Services, (850)412-4209. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dan Gabric, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, e-mail: dan.gabric@ahca.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-13.032 Aged and Disabled Adult Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards.

(1) This rule applies to all Aged and Disabled Adult Waiver Services providers enrolled in the Medicaid program.

(2) All Aged and Disabled Adult Waiver Services providers enrolled in the Medicaid program must be in compliance with the Aged and Disabled Adult Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011, which are incorporated by reference. The Aged and Disabled Adult Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards are available from the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Fee Schedules. Paper copies may be obtained from the Agency for Health Care Administration, Bureau of Medicaid Services, 2727 Mahan Drive, M.S. 20, Tallahassee, Florida 32308.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New \_\_\_\_\_.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.: 59G-13.052  
RULE TITLE: Assisted Living Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards

PURPOSE AND EFFECT: The purpose is to adopt Rule 59G-13.052, F.A.C., the Assisted Living Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011. The rule will require providers enrolled in the Medicaid program to be in compliance with the aforementioned incorporated materials.

SUBJECT AREA TO BE ADDRESSED: The rule will address the Assisted Living Waiver Disposable Incontinence Medical Supplies, Procedure Codes, Fee Schedule and Quality Standards.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Monday, June 27, 2011, 1:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Dan Gabric at the Bureau of Medicaid Services,

(850)412-4209. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dan Gabric, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, e-mail: dan.gabric@ahca.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-13.052 Assisted Living Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards.

(1) This rule applies to all Assisted Living Waiver services providers enrolled in the Medicaid program.

(2) All Assisted Living Waiver services providers enrolled in the Medicaid program must be in compliance with the Assisted Living Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011, which are incorporated by reference. The Assisted Living Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards are available from the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Fee Schedules. Paper copies may be obtained from the Agency for Health Care Administration, Bureau of Medicaid Services, 2727 Mahan Drive, M.S. 20, Tallahassee, Florida 32308.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New \_\_\_\_\_.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.: 59G-13.086  
RULE TITLE: Developmental Disabilities Waivers Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards

PURPOSE AND EFFECT: The purpose is to adopt Rule 59G-13.086, F.A.C., that will incorporate by reference the Developmental Disabilities Waivers Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011. The rules will require providers enrolled in the Medicaid program to be in compliance with the aforementioned incorporated materials.

SUBJECT AREA TO BE ADDRESSED: The rule will address the Developmental Disabilities Waivers Disposable Incontinence Medical Supplies, Procedure Codes, Fee Schedule and Quality Standards.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Monday, June 27, 2011, 1:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Dan Gabric at the Bureau of Medicaid Services, (850)412-4209. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dan Gabric, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, e-mail: dan.gabric@ahca.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-13.086 Developmental Disabilities Waivers Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards.

(1) This rule applies to all Developmental Disabilities Waiver services providers enrolled in the Medicaid program.

(2) All Developmental Disabilities Waiver services providers enrolled in the Medicaid program must be in compliance with the Developmental Disabilities Waivers Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011, which are incorporated by reference. The Developmental Disabilities Waivers Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards are available from the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Fee Schedules. Paper copies may be obtained from the Agency for Health Care Administration, Bureau of Medicaid Services, 2727 Mahan Drive, M.S. 20, Tallahassee, Florida 32308.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New \_\_\_\_\_.

## AGENCY FOR HEALTH CARE ADMINISTRATION

### Medicaid

RULE NO.:

59G-13.102

RULE TITLE:

Familial Dysautonomia Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards

PURPOSE AND EFFECT: The purpose is to adopt Rule 59G-13.102, F.A.C., that will incorporate by reference the Familial Dysautonomia Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011. The rules will require providers enrolled in the Medicaid program to be in compliance with the aforementioned incorporated materials.

SUBJECT AREA TO BE ADDRESSED: The rule will address the Familial Dysautonomia Waiver Disposable Incontinence Medical Supplies, Procedure Codes, Fee Schedule and Quality Standards

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Monday, June 27, 2011, 1:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Dan Gabric at the Bureau of Medicaid Services, (850)412-4209. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dan Gabric, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, e-mail: dan.gabric@ahca.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-13.102 Familial Dysautonomia Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards.

(1) This rule applies to all Familial Dysautonomia Waiver services providers enrolled in the Medicaid program.

(2) All Familial Dysautonomia Waiver services providers enrolled in the Medicaid program must be in compliance with the Familial Dysautonomia Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011, which are incorporated by reference. The Familial Dysautonomia Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards are available from the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Fee Schedules. Paper copies may be obtained from the Agency for Health Care Administration, Bureau of Medicaid Services, 2727 Mahan Drive, M.S. 20, Tallahassee, Florida 32308.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New \_\_\_\_\_.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.: 59G-13.112  
RULE TITLE: Project AIDS Care Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards

PURPOSE AND EFFECT: The purpose is to adopt Rule 59G-13.112, F.A.C., that will incorporate by reference the Project AIDS Care Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards July 2011. The rules will require providers enrolled in the Medicaid program to be in compliance with the aforementioned incorporated materials.

SUBJECT AREA TO BE ADDRESSED: The rule will address the Project AIDS Care Waiver Disposable Incontinence Medical Supplies, Procedure Codes, Fee Schedule and Quality Standards.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Monday, June 27, 2011, 1:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by

contacting: Dan Gabric at the Bureau of Medicaid Services, (850)412-4209. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dan Gabric, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, e-mail: dan.gabric@ahca.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-13.112 Project AIDS Care Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards.

(1) This rule applies to all Project AIDS Care Waiver services providers enrolled in the Medicaid program.

(2) All Project AIDS Care Waiver services providers enrolled in the Medicaid program must be in compliance with the Project AIDS Care Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011, which are incorporated by reference. The Project AIDS Care Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards are available from the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Fee Schedules. Paper copies may be obtained from the Agency for Health Care Administration, Bureau of Medicaid Services, 2727 Mahan Drive, M.S. 20, Tallahassee, Florida 32308.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New \_\_\_\_\_.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.: 59G-13.132  
RULE TITLE: Traumatic Brain and Spinal Cord Injury Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards

PURPOSE AND EFFECT: The purpose is to adopt Rule 59G-13.132, F.A.C., that will incorporate by reference the Traumatic Brain and Spinal Cord Injury Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011. The rule will require providers enrolled in the Medicaid program to be in compliance with the aforementioned incorporated materials.

**SUBJECT AREA TO BE ADDRESSED:** The rule will address the Traumatic Brain and Spinal Cord Injury Waiver Disposable Incontinence Medical Supplies, Procedure Codes, Fee Schedule and Quality Standards.

**RULEMAKING AUTHORITY:** 409.919 FS.

**LAW IMPLEMENTED:** 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

**IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:**

**DATE AND TIME:** Monday, June 27, 2011, 1:00 p.m. – 3:00 p.m.

**PLACE:** Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Dan Gabric at the Bureau of Medicaid Services, (850)412-4209. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS:** Dan Gabric, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, e-mail: dan.gabric@ahca.myflorida.com

**THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:**

59G-13.132 Traumatic Brain and Spinal Cord Injury Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards.

(1) This rule applies to all Traumatic Brain and Spinal Cord Injury Waiver services providers enrolled in the Medicaid program.

(2) All Traumatic Brain and Spinal Cord Injury Waiver services providers enrolled in the Medicaid program must be in compliance with the Traumatic Brain and Spinal Cord Injury Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule, July 2011, and Quality Standards, July 2011, which are incorporated by reference. The Traumatic Brain and Spinal Cord Injury Waiver Disposable Incontinence Medical Supplies, Procedure Codes, and Fee Schedule and Quality Standards are available from the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Fee Schedules. Paper copies may be obtained from the Agency for Health Care Administration, Bureau of Medicaid Services, 2727 Mahan Drive, M.S. 20, Tallahassee, Florida 32308.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History–New \_\_\_\_\_.

## DEPARTMENT OF MANAGEMENT SERVICES

### Agency for Workforce Innovation

**RULE NO.:**

60BB-3.013

**RULE TITLE:**

Filing Claims and Providing Documentation

**PURPOSE AND EFFECT:** The amendment set forth in this Notice of Rule Development will require unemployment compensation claimants to register for work by logging onto the Employ Florida Marketplace (EFM) website and providing an email address, completing the EFM Background Wizard, and creating an online resume.

**SUBJECT AREA TO BE ADDRESSED:** Unemployment Compensation Claims and Benefits.

**RULEMAKING AUTHORITY:** 443.1317(1)(b) FS.

**LAW IMPLEMENTED:** 443.091(1) FS.

**A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:**

**DATE AND TIME:** Friday, June 17, 2011, 4:00 p.m., EDT

**PLACE:** Agency for Workforce Innovation, Law Library, 107 E. Madison Street, Tallahassee, Florida 32399-4128

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS:** John R. Perry, Assistant General Counsel, Agency for Workforce Innovation, 107 E. Madison Street, MSC 110, Tallahassee, Florida 32399-4128, (850)245-7152

**THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:**

60BB-3.013 Filing Claims and Providing Documentation.

(1) through (2) No change.

(3) Registration for Work. Unless exempted under Section 443.091(1)(b), F.S., the claimant must file a complete work registration on the Employ Florida Marketplace website, which may be accomplished by logging onto <http://www.employflorida.com>. To complete the work registration, the claimant must:

(a) Provide an email address;

(b) Complete the Background Wizard; and

(c) Create an Online Resume.

~~The filing of an unemployment compensation claim also constitutes registration for job search and reemployment assistance with the One Stop Career Center nearest the claimant's address of record.~~

(4) through (5) No change.

Rulemaking Authority 443.1317(1)(b) FS. Law Implemented: 443.091(1) FS. History–New 8-25-92, Formerly 38B-3.013, Amended 8-14-08, \_\_\_\_\_.

**DEPARTMENT OF MANAGEMENT SERVICES**

**Agency for Workforce Innovation**

<p>RULE NOS.:</p> <p>60BB-3.013</p> <p>60BB-3.015</p> <p>60BB-3.0254</p> <p>60BB-3.0262</p> <p>60BB-3.0263</p> <p>60BB-3.029</p>	<p>RULE TITLES:</p> <p>Filing Claims and Providing Documentation</p> <p>Continued Claims for Benefits</p> <p>How to Apply for Emergency Unemployment Compensation</p> <p>How to Apply for Extended Benefits</p> <p>Diligent Work Search Requirements</p> <p>Public Use Forms</p>
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PURPOSE AND EFFECT: The proposed changes to these rules would require that all initial and continued claims for unemployment compensation be made online, except in situations involving declared disaster or emergency, or the need for special assistance or accommodation on the part of the claimant.

SUBJECT AREA TO BE ADDRESSED: Unemployment Compensation Claims and Benefits.

RULEMAKING AUTHORITY: 443.1317(1)(b) FS.

LAW IMPLEMENTED: 443.091, 443.101, 443.111, 443.1115, 443.1116, 443.1117, 443.151, 443.171(5), 443.1715, 443.221(3) FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Friday, June 17, 2011, 3:00 p.m., EDT

PLACE: Agency for Workforce Innovation, Law Library, 107 E. Madison Street, Tallahassee, Florida 32399-4128

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: John R. Perry, Assistant General Counsel, Agency for Workforce Innovation, 107 E. Madison Street, MSC 110, Tallahassee, Florida 32399-4128, (850)245-7152

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

60BB-3.013 Filing Claims and Providing Documentation.

(1) Approved Methods and Forms for Filing Florida Claims. Initial, additional, and reopened claims may be filed:

(a) On the Internet at [www.fluidnow.com](http://www.fluidnow.com). Select "Internet Unemployment Compensation Claim Application (Initial Claim)"; or

(b) When unemployment results from a declared disaster or emergency and internet filing is impractical, or when the claimant needs special assistance or accommodation, by

~~(b) On the Agency's Interactive Voice Response System, (Call 1(800)204-2418 toll-free to obtain filing information);~~

(c) ~~By mailing or faxing a completed claim application, which may be obtained by contacting the Agency toll-free at 1(800)204-2418. These applications are:~~

1. AWI Form UC-310, "Unemployment Compensation Application for Services" (Rev. 10/07), incorporated by reference in Rule 60BB-3.029, F.A.C., is to be used by Florida residents ~~who file by mail or fax;~~

2. Form IB-1, "Initial Interstate Claim" (10/07), incorporated by reference in Rule 60BB-3.029, F.A.C., is to be used by non-Florida residents ~~who file by mail or fax; or~~

~~(d) At a location which may be designated by the Agency when unemployment results from mass separation, labor dispute, declared disaster or emergency, or the claimant needs special assistance or accommodation.~~

(2) through (5) No change.

~~Rulemaking Specific Authority 443.1317(1)(b) FS. Law Implemented 443.036, 443.091, 443.101, 443.1116 FS. History--New 8-25-92, Formerly 38B-3.013, Amended 8-14-08,\_\_\_\_\_.~~

60BB-3.015 Continued Claims for Benefits.

(1) Method of Filing Continued Claims.

(a) After filing an initial, additional or reopened claim, the claimant will be instructed and required to report bi-weekly for the duration of the unemployment ~~by through agency established systems including~~ Internet at [www.fluidnow.com](http://www.fluidnow.com), telephone, mail, or fax.

(b) In the event of a ~~mass separation, labor dispute, disaster or emergency, or when special assistance or accommodation is required,~~ claimants may be permitted ~~or required~~ to report in person at locations designated by the Agency or by using the AWI Form UCB-60 "Weekly Claim Certification" (Rev. 02/03) or the AWI Form UCB-60V "Weekly Claim Certification" (Rev. 06/04), which Continued claims can be filed on line at [www.fluidnow.com](http://www.fluidnow.com), or by calling 1(800)204-2418. The forms accessed by means of the toll free number referred to above are incorporated by reference in paragraphs subsection 60BB-3.029(1)(q) and (r), F.A.C., of this chapter.

(2) No change.

~~Rulemaking Specific Authority 443.1317(1)(b) FS. Law Implemented 443.091(1), 443.111(1), 443.151(2) FS. History--New 8-25-92, Formerly 38B-3.015, Amended 4-1-96, 8-14-08,\_\_\_\_\_.~~

60BB-3.0254 How to Apply for Emergency Unemployment Compensation.

(1) Method of Application. Individuals whose regular unemployment compensation benefits are exhausted, whose benefit year expires between July 6, 2008 and May 29, 2010, or who are entitled to an augmentation of their emergency unemployment compensation accounts pursuant to Rule 60BB-3.0253, F.A.C., will receive notice regarding their eligibility or ineligibility for emergency unemployment compensation. Individuals who qualify for augmentation under any of the provisions set forth in subsections 60BB-3.0253(4)-(6), F.A.C., will be deemed eligible to receive these benefits without filing an application as long as they

comply with the continued claims reporting requirements set forth in Rule 60BB-3.015, F.A.C. All other individuals who wish to receive emergency unemployment compensation must submit an application for benefits to the Agency for Workforce Innovation. An application may be submitted:

(a) Online by clicking on the “Internet Unemployment Compensation Claim Application (Initial Claim)” link to the Online Internet Unemployment Compensation Claim Application (11/07), or by clicking on the “Solicitud de Reclamo de Compensacion por Desempleo en el Internet (Reclamo Inicial)” link to the Online Internet Unemployment Compensation Claim Application (Spanish version) (11/07), which are incorporated by reference in paragraphs 60BB-3.029(1)(yy) and (zz), F.A.C., and which are available at: <https://www2.myflorida.com/fluid/>; or

(b) When a declared disaster or emergency makes internet filing impractical, or when the claimant needs special assistance or accommodation, in writing on one of the forms listed in below subsection (2) of this rule, which are hereby incorporated by reference into this rule.

~~(2) Submitting Written Applications. To submit a written application for emergency unemployment compensation, the claimant must complete and submit one of the following forms:-~~

~~1.(a) Form AWI-UC310EUC (Rev. 08/10), Application for Emergency Unemployment Compensation, which may be found at: [http://www.floridajobs.org/unemployment/EUC\\_09/EUC\\_app.pdf](http://www.floridajobs.org/unemployment/EUC_09/EUC_app.pdf);~~

~~2.(b) Form AWI-UC310EUC (S) (Rev. 08/10), Solicitud de compensacion de emergencia por desempleo, which may be found at: [http://www.floridajobs.org/unemployment/EUC\\_09/EUC\(s\)\\_app.pdf](http://www.floridajobs.org/unemployment/EUC_09/EUC(s)_app.pdf); or~~

~~3.(c) Form AWI-UC310EUC (C) (Rev 08/10), Aplikasyon pou Aloksyon Chomaj sou Ka Dijans, which may be found at: [http://www.floridajobs.org/unemployment/EUC\\_09/EUC\(c\)\\_app.pdf](http://www.floridajobs.org/unemployment/EUC_09/EUC(c)_app.pdf).~~

~~(3) When filing a claim pursuant to paragraph (b), the Submitting Written Applications. The claimant must submit his or her application by mailing the completed form to the address set forth on the form and/or accompanying instructions, or by faxing the form to the Agency for Workforce Innovation, Unemployment Compensation Records Unit, (850)921-3938.~~

~~(2)(4) Notice of Determination.~~

(a) through (f) No change.

Rulemaking Authority 443.1317(1)(b) FS. Law Implemented 443.091, 443.101, 443.111, 443.151, 443.221(3) FS. History—New 8-11-10, Amended 12-19-10, \_\_\_\_\_.

60BB-3.0262 How to Apply for Extended Benefits.

(1) Initiating a Claim for Extended Benefits.

(a) The Agency will mail a Form UCB-60V AWI-UC310EB (09/10), Application for Extended Benefits (EB), which is hereby incorporated by reference into this rule,

to all individuals who exhaust their available emergency unemployment compensation. This form will advise the recipient that the application for extended benefits may be filed ~~using the form or by applying online at: <http://www.floridajobs.org>, using the~~ The online application report (Form AWI-UCB-310EB-ONL (Rev. 09/2010) Extended Benefits Online Application), which is hereby incorporated by reference into this rule. ~~When the individual is eligible for retroactive payment of extended benefits, the Agency will mail the claimant a Form AWI-UC310EBR (Rev 09-10) Information and Initial Claim Form for Retroactive Claims, which is hereby incorporated by reference into this rule. The Form AWI-UC310EB or Form AWI-UC310EBR may be submitted by:~~

(b) When a declared disaster or emergency makes internet filing impractical, or when the claimant needs special assistance or accommodation, the claimant may file a Form AWI-UC310EB (09/10), Application for Extended Benefits (EB), which is hereby incorporated by reference into this rule, by

~~1.(a)~~ Mailing the completed form to the Agency for Workforce Innovation, Unemployment Compensation Records Unit, P. O. Drawer 5700, Tallahassee, Florida 32314-5350.

~~2.(b)~~ Faxing the form to the Agency for Workforce Innovation, Unemployment Compensation Records Unit, (850)922-0107.

(2) No change.

Rulemaking Authority 443.1317(1)(b) FS. Law Implemented 443.091, 443.1115, 443.1117 FS. History—New 11-28-10, Amended \_\_\_\_\_.

60BB-3.0263 Diligent Work Search Requirements.

(1) Claim Certification. Every two weeks, an individual determined to be eligible for extended benefits must report his or her work search activities. The individual may satisfy this requirement by reporting online at <http://www.floridajobs.org/unemployment/EB/index.html>, and clicking on the “Claim Your Weeks” icon. When a declared disaster or emergency makes internet filing impractical, or when the claimant needs special assistance or accommodation, the The individual may also file his or her report on a Form AWI UCB-60EB (09/10), Unemployment Compensation Benefit Weekly Claim Certification, ~~or a Form AWI-UCB60EBR (09/10) Retroactive Weekly Claim Certification Extended Benefits (EB)~~, in the manner prescribed in paragraphs 60BB-3.0262(1)(a) and (b), F.A.C. ~~The Agency mails the Form AWI UCB-60EB and the Form AWI-UCB-60EBR to the claimant for this purpose.~~ The online work search reports (Form AWI UCB-60EB-ONL (Rev 08/10) Weekly Claim Certifications and Form AWI UCB-60EB-ONL (S) (Rev 08/10), Certificaciones para Reclamaciones Semanales), and the Form AWI UCB-60EB (09/10), the Form AWI UCB-60EB and the Form AWI

~~UCB-60EBR~~ are hereby incorporated by reference into this rule and may be found at <http://www.floridajobs.org/Unemployment/ucforms.htm>.

(2) through (5) No change.

Rulemaking Authority 443.1317(1)(b) FS. Law Implemented 443.091, 443.1115, 443.1117 FS. History—New 11-28-10, Amended \_\_\_\_\_.

#### 60BB-3.029 Public Use Forms.

(1) The following forms and instructions are used by the Agency for Workforce Innovation in its dealings with the public in the administration of the unemployment compensation program, and are incorporated by reference:

(a) AWI Form ERWC – “Employee’s or Employer’s Authorization and Request for Wage Records” (New 02/06), which is available at the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_emp\\_forms.html](http://www.floridajobs.org/unemployment/uc_emp_forms.html).

(b) AWI Form AWA-01 – “Notarized Authorization for Release of Records” (Rev. 03/05), which is available at the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_emp\\_forms.html](http://www.floridajobs.org/unemployment/uc_emp_forms.html).

(c) IB-1 – “Initial Interstate Claim” (Rev. 10/07), which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the “Florida Unemployment Compensation Claims Services/ Claim Book” link.

(d) IB-1(S) – “Initial Interstate Claim” (Spanish version) (Rev. 10/07), which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Haga clic aqui para acceder”.

(e) IB-1(C) – “Initial Interstate Claim” (Creole version) (Rev. 10/07), which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Chwazi sa a pou”.

(f) AWI Form UC-310 – “Unemployment Compensation Application for Services” (Rev. 10/07) which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the “Florida Unemployment Compensation Claims Services/ Claim Book” link.

(g) AWI Form UC-310(S) – “Unemployment Compensation Application for Services” (Spanish version) (Rev. 10/07) which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Haga clic aqui para acceder”.

(h) AWI Form UC-310(C) – “Unemployment Compensation Application for Services” (Creole version) (Rev. 10/07) which may be found by going to the Agency’s

Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Chwazi sa a pou”.

(i) AWI Form UC-310 Supplement (Rev. 10/07) which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the “Florida Unemployment Compensation Claims Services/Claim Book” link.

(j) AWI Form UC-310(S) Supplement (Rev. 10/07) which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Haga clic aqui para acceder”.

(k) AWI Form UC-310(C) Supplement (Rev. 10/07) which may be found by going to the Agency’s Internet site at [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Chwazi sa a pou”.

(l) AWI Form UCB/STC-3 – “Short Time Compensation Plan Application” (Rev. 11/01).

(m) AWI Form UCB-9 (04/01).

(n) AWI Form UCB-11 – “Wage Transcript and Determination” (Rev. 01/08).

(o) AWI Form UCB-34 (09/01).

(p) AWI Form UCB-45 – “Notice of Determination” (Rev. 02/08).

(q) AWI Form UCB-60 – “Weekly Claim Certification” (Rev. 02/03).

(r) AWI Form UCB-60V (Rev. 06/04).

(s) AWI Form UCB-121E (01/07).

(t) Employer Notification Letter (01/07).

(u) AWI Form UCB-200 “Unemployment Compensation Fact-Finding Statement” (06/08).

(v) AWI Form UCB-200LD “Labor Dispute” (06/08).

(w) AWI Form UCB-201 (06/08).

(x) AWI Form UCB-202 (06/08).

(y) AWI Form UCB-204 (06/08).

(z) AWI Form UCB-205 (06/08).

(aa) AWI Form UCB-205SIF (06/08).

(bb) AWI Form UCB-206 “Reporting Requirements” (06/08).

(cc) AWI Form UCB-207 “Unemployment Compensation Fact-Finding Statement” (06/08).

(dd) AWI Form UCB-208 “Voluntary Leaving” (06/08).

(ee) AWI Form UCB-209 “Employment Status” (06/08).

(ff) AWI Form UCB-209L (06/08).

(gg) AWI Form UCB-209S “Suspension” (06/08).

(hh) AWI Form UCB-211 “School Attendance/Training” (06/08).

(ii) AWI Form UCB-219 “Reemployment Services Eligibility Issues” (06/08).



(aa)(jj) AWI Form UCB-221 – “Worker Profiling and Reemployment Services Assessment” (06/01).

(kk) AWI Form UCB-231 – “Claimant’s Eligibility Review Questionnaire” (06/08).

(ll) AWI Form UCB-412 – “Determination Notice of Unemployment Claim Filed” (Rev. 04/07).

(mm) Form AWI-UCW4VT (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the “Florida Unemployment Compensation Claims Services/Claim Book” link.

(nn) Form AWI-UCW4VFL (S) (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Haga clic aqui para acceder”.

(oo) Form AWI-UCW4VFL (C) (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Chwazi sa a pou”.

(pp) Form AWI-UC20A (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_bri.html](http://www.floridajobs.org/unemployment/uc_bri.html) and clicking on the “Florida Unemployment Compensation Program/Benefit Rights” link.

(qq) Form AWI-UC20A (S) (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_bri.html](http://www.floridajobs.org/unemployment/uc_bri.html) and clicking on the link beginning with the phrase “Oprima aqui para recibir”.

(rr) Form AWI-UC20A (C) (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_bri.html](http://www.floridajobs.org/unemployment/uc_bri.html) and clicking on the link beginning with the phrase “Pou ou ka itilize”.

(ss) UC Bulletin 1E (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_bri.html](http://www.floridajobs.org/unemployment/uc_bri.html) and clicking on the “Florida Unemployment Compensation Program/Benefit Rights” link.

(tt) UC Bulletin 1S (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_bri.html](http://www.floridajobs.org/unemployment/uc_bri.html) and clicking on the link beginning with the phrase “Oprima aqui para recibir”.

(uu) UC Bulletin 1C (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_bri.html](http://www.floridajobs.org/unemployment/uc_bri.html) and clicking on the link beginning with the phrase “Pou ou ka itilize”.

(vv) UC100T (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the “Unemployment Compensation Claims Services/Claim Book” link.

(ww) UC100FL(S) (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Haga clic aqui para acceder”.

(xx) UC100FL(C) (Rev. 10/07), which may be found by going to the Agency’s Internet site at: [http://www.floridajobs.org/unemployment/uc\\_claimbooklet.html](http://www.floridajobs.org/unemployment/uc_claimbooklet.html) and clicking on the link beginning with the phrase “Chwazi sa a pou”.

(yy) Online Internet Unemployment Compensation Claim Application (11/07), which is available at: [www.fluidnow.com](http://www.fluidnow.com).

(zz) Online Internet Unemployment Compensation Claim Application (Spanish version) (11/07), which is available at: [www.fluidnow.com](http://www.fluidnow.com).

(aaa) Continued Claims Detailed System Design, Appendix B: IVR Script (Interactive Voice Response Script) (January 23, 2008).

~~(bbb) Detail System Design, Appendix C (Interactive Voice Response Script) (January 23, 2008).~~

(bbb)(eee) AWI Form UCS-6061 “Independent Contractor Analysis” (Rev. 11/05).

(2) These forms may be obtained by:

(a) Writing to the Agency for Workforce Innovation, Unemployment Compensation Records Unit, P. O. Drawer 5750, Tallahassee, FL 32314-5750.

(b) Faxing a request to the Agency’s UC Records Unit at (850)921-3912.

(c) Calling the UC Records Unit at (850)921-3470.

~~Rulemaking Specific Authority 443.1317(1)(b) FS. Law Implemented 443.171(5), 443.1715(1), (2)(b)1. FS. History–New 6-4-06, Amended 8-14-08,\_\_\_\_\_.~~

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of State Fire Marshal**

<b>RULE NOS.:</b>	<b>RULE TITLES:</b>
69A-37.039	Prescribed Forms for Training and Certification
69A-37.065	Programs of Study and Vocational Courses

PURPOSE AND EFFECT: The Department is holding a workshop for the purpose of exploring options with the public for the implementation of, pursuant to Section 633.081(8), F.S., an advanced training and certification program for firesafety inspectors having fire code management

responsibilities. The workshop may also include a general discussion of firesafety inspector training and certification requirements and proposed rule development in that regard.

SUBJECT AREA TO BE ADDRESSED: Training and certification programs for firesafety inspectors.

RULEMAKING AUTHORITY: 633.01, 633.081(9), 633.45(2)(a) FS.

LAW IMPLEMENTED: 633.081(2), (3), (4), (8), 633.34, 633.35, 633.38, 633.45, 633.046, 633.101(1), 633.45(1)(d) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Thursday, June 23, 2011, 8:00 a.m. (to be held in conjunction with the rule development workshop for Rule Chapter 69A-39, F.A.C. noticed in this edition of Florida Administrative Weekly)

PLACE: Gallery, West Palm Beach Marriott, 1001 Okeechobee Boulevard, West Palm Beach, Florida 33401

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Barry Baker, (352)732-0143 or Barry.Baker@myfloridacfo.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Barry Baker, Chief, Bureau of Fire Standards and Training, Division of State Fire Marshal, (352)732-0143, Barry.Baker@myfloridacfo.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of State Fire Marshal**

<b>RULE NOS.:</b>	<b>RULE TITLES:</b>
69A-39.003	Types of Certification Available
69A-39.005	Minimum Curriculum Requirements for Firesafety Inspector Certification
69A-39.007	Procedures for Certification Examination
69A-39.009	Triennial Renewal of Firesafety Inspector Certification
69A-39.010	Required Forms for Training and Certification of Firesafety Inspectors

PURPOSE AND EFFECT: The Department is holding a workshop for the purpose of exploring options with the public for the implementation of, pursuant to Section 633.081(8),

F.S., an advanced training and certification program for firesafety inspectors having fire code management responsibilities. The workshop may also include a general discussion of firesafety inspector training and certification requirements and proposed rule development in that regard.

SUBJECT AREA TO BE ADDRESSED: Training and certification programs for firesafety inspectors.

RULEMAKING AUTHORITY: 633.01, 633.081(9) FS.

LAW IMPLEMENTED: 633.081(2), (3), (4), (8) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Thursday, June 23, 2011, 8:00 a.m. (to be held in conjunction with the rule development workshop for Rules 69A-37.039, .065, F.A.C. noticed in this edition of Florida Administrative Weekly)

PLACE: Gallery, West Palm Beach Marriott, 1001 Okeechobee Boulevard, West Palm Beach, Florida 33401

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Barry Baker, (352)732-1433 or Barry.Baker@myfloridacfo.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Barry Baker, Chief, Bureau of Fire Standards and Training, Division of State Fire Marshal, (352)732-1433, Barry.Baker@myfloridacfo.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

**Section II  
Proposed Rules**

**NONE**

**Section III  
Notices of Changes, Corrections and  
Withdrawals**

**DEPARTMENT OF STATE**

**Division of Elections**

<b>RULE NO.:</b>	<b>RULE TITLE:</b>
1S-2.041	FVRS Address and Eligibility Records Maintenance