

**Department of State
Division of Publications**

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For Department of State Use Only

Sequence Number: 11-01-09
Rule ID(s): _____
File Date: 11/02/2009
Effective Date: 11/02/2009

Filing Form for Stay of Effective Date on Rules, Withdrawal of Stay, and Withdrawal of Rules

Agency/Board/Commission: Tennessee Department of Health
Division: Division of Emergency Medical Services
Contact Person: Lucille F. Bond
Assistant General Counsel
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Type of Action on Rule:

Stay of Effective Date of Rules

Rule Filing Date: (mm/dd/yy)
Rule Original Effective Date: (mm/dd/yy)
Length of Stay (not to exceed 75 days): _____
New Effective Date of Rule Filing: (mm/dd/yy)

Notice of Withdrawal of Stay

Stay Filing Date: (mm/dd/yy)
Stay Effective Date: (mm/dd/yy)
New Effective Date of Rule Filing: (mm/dd/yy)

Notice of Withdrawal of Rules

Rule Filing Date: 08/07/2009
Rule Effective Date: 11/05/2009

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only **ONE** Rule Number/RuleTitle per row)

Chapter Number	Chapter Title
1200-12-01	General Rules
Rule Number	Rule Title
1200-12-01-.02(1)(o)	Ambulance Safety, Design and Construction Standards

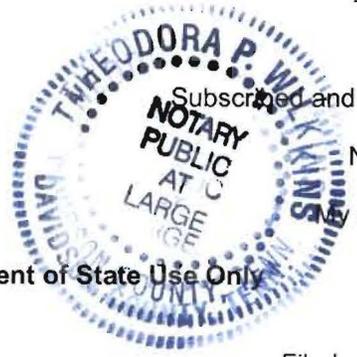
Date: Nov. 2 2009

Signature: Lucille F. Bond

Name of Officer: Lucille F. Bond

Assistant General Counsel
Office of General Counsel

Title of Officer: Tennessee Department of Health



Subscribed and sworn to before me on: 11/2/09

Notary Public Signature: Theodore P. Wilkins

My commission expires on: 11/2/2011

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Filed with the Department of State on: 11/2/09

Tre Hargett

Tre Hargett
Secretary of State

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