DOCUMENT TRANSMITTAL FORM

This form must be completed and submitted with each document filed with the Editor of the *State Register* in the Legislative Council

1. Agency Name	2. Chapter Number	3. Date of Filing
4. Regulation Number	5. Subject of Regulation	
6. Statutory Authority		

7. Type of Filing

_____NOTICE OF GENERAL PUBLIC INTEREST

_____NOTICE OF DRAFTING

PROPOSED REGULATION

_____EMERGENCY REGULATION

FINAL REGULATION FOR GENERAL ASSEMBLY REVIEW

RESUBMISSION OF WITHDRAWN REGULATION FOR GENERAL ASSEMBLY REVIEW

RESUBMISSION OF WITHDRAWN REGULATION FOR GENERAL ASSEMBLY REVIEW WITH NO SUBSTANTIVE CHANGES

FINAL REGULATION EXEMPT FROM GENERAL ASSEMBLY REVIEW

8. For Additional Information, Contact		9. Telephone Number
10. Typed Name of Official	11. Signature of Official	12. Date

SOUTH CAROLINA STATE REGISTER USE ONLY		
13. For publication in SR Volume Issue	OFFICIAL FILING STAMP	
Document Number		
Verification:		