

**Kansas Administrative Regulations
Economic Impact Statement
Public Hearing Certification**

Agency: _____ **Agency Contact:** _____

Phone Number: _____

K.A.R. Number(s): _____

Public Hearing Date: _____

Public Hearing Time: _____

Public Hearing Location: _____

Public Hearing Attendance: _____

Once approved, Call agency contact person above to pick up certification form.

Mail certification form to the following address:

DOB APPROVAL STAMP
