**Kansas Administrative Regulations**

**Economic Impact Statement**

Public Hearing Certification

**Agency:**  *Click here to start typing* **Agency Contact:**  *Click here to start typing*

**Phone Number:**  *Click here to start typing*

**K.A.R. Number(s):** *Click here to start typing*

**Public Hearing Date:**  *Select date*

**Public Hearing Time:** *Click here to start typing*

**Public Hearing Location:** *Click here to start typing*

**Public Hearing Attendance:** *Click here to start typing*

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

**Mail certification form to the following address:**

*Click here to start typing*

*Click here to start typing*

*Click here to start typing*

*Click here to start typing*