NOTICE PUBLICATION/REGULATION USMISSION Instructions on reverse,				For use by Secretary of State only
OAL FILE NOTICE FILE NUMBER NUMBERS Z _2008-1014-07	2009-10	REGULATORY ACTION NUMBER 209-1023-055		ENDORSED FILED IN THE OFFICE OF
9	For use by Office of Administra	ative Law (OAL) on	ly	25
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		ADM	OFFICE OF NISTRATIVE LAW	DEBRA BOWEN SECRETARY OF STATE
NOTICE		REGULATIONS		*
AGENCY WITH RULEMAKING AUTHORITY AIR RESOURCES BOARD				AGENCY FILE NUMBER (If any)
A. PUBLICATION OF NOTIC			Register) FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
. suвject of notice Fruck/Bus Rule 2008		LE(S)	1956.8	October 24, 2008
3. NOTICE TYPE Notice re Proposed Regulatory Action Othe	4. AGENCY CONTAC Trini Balcazar	CT PERSON	TELEPHONE NUMBER (916) 445-9564	FAX NUMBER (Optional) (916) 322-3928
OAL USE ACTION ON PROPOSED	NOTICE		NOTICE REGISTER NUMBER	
ONLY Approved as Submitted	Approved as Modified	Disapproved/ Withdrawn	087143-	2 10 94 9008
2. SPECIFY CALIFORNIA CODE OF REGULATIONS SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	individually. Attach			
TITLE(S) T 13	REPEAL			
3. TYPE OF FILING	V			
Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 11349.4) Emergency (Gov. Code, §11346.1(b)) Resubmittal of disapproved or withdrawn onemergency filing (Gov. Code, §11346.1(b)) Emergency (Gov. Code, §11346.1(b)) Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1(b))				Changes Without Regulatory Effect (Cal. Code Regs., title 1, \$100) Print Only
4. ALL BEGINNING AND ENDING DATES OF AVAI August 19, 2009 - September	ILABILITY OF MODIFIED REGULATIONS AND	O/OR MATERIAL ADDED TO	THE RULEMAKING FILE (Cal. Code Regs.	title 1, §44 and Gov. Code §11347.1)
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ Effective 30th day after filing with Secretary of State		,§100) §100 Ch	anges Without Effective other (Spe	cify)
6. CHECK IF THESE REGULATIONS REQU	IRE NOTICE TO, OR REVIEW, CONSU	The second secon	OR CONCURRENCE BY, ANOTHER Practices Commission	AGENCY OR ENTITY State Fire Marshal
Department of Finance (Form STD.	399) (SAM §6660)	Tan Tontical	·	State Fire Marshall
Other (Specify)	TT	ELEPHONE NUMBER	FAX NUMBER (Option	nal) E-MAIL ADDRESS (Optional)
 CONTACT PERSON Trini Balcazar, Regulations Co 	1. (2)	916) 445-9564		The state of the s
of the regulation(s) ider is true and correct, and	ed copy of the regulation(s atified on this form, that th that I am the head of the a d of the agency, and am a	e information s gency taking th	pecified on this form is action,	or use by Office of Administrative Law (OAL) on
SIGNATURE OF AGENCY HEAD OR DESI	10	DATE	23/09	DEC 0 9 2009
,	ef Deputy Execut	ive Offic	'er	Office of Administrative Lav