

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Insurance Department		CONTACT PERSON Kim Causey	TELEPHONE NUMBER 601-359-3577	
ADDRESS PO BOX 79		CITY Jackson	STATE MS	ZIP 39205
EMAIL Kim.Causey@mid.ms.gov	SUBMIT DATE 8/10/2022	Name or number of rule(s): Miss. Admin. Code, Title 19, Part 8, Chapter 1 Rules Regarding the Mississippi Conveyance Safety Act		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The amendments to these rules: clarify procedures for obtaining a variance; incorporates and clarifies the requirements for inspection and testing per Miss. Code Ann. § 45-45-27; deletes the mandatory inspection fee schedule previously imposed upon inspection companies, allowing them to set their own prices; contains updated citations to code source citations.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 45-45-1 et seq.

List all rules repealed, amended, or suspended by the proposed rule: Miss. Admin. Code, Title 19, Part 8, Chapter 1 Rules Regarding the Mississippi Conveyance Safety Act

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
 ____ Renewal of effectiveness
 To be in effect in ____ days
 Effective date:
 ____ Immediately upon filing
 ____ Other (specify): ____

PROPOSED ACTION ON RULES

Action proposed:
 ____ New rule(s)
X Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference
 Proposed final effective date:
X 30 days after filing
 ____ Other (specify): ____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 4/24/2019
 Action taken:
 ____ Adopted with no changes in text
 ____ Adopted with changes
 ____ Adopted by reference
 ____ Withdrawn
 ____ Repeal adopted as proposed
 Effective date:
 ____ 30 days after filing
 ____ Other (specify): ____

Printed name and Title of person authorized to file rules: Kimberly Causey, Chief of Staff

Signature of person authorized to file rules: Kimberly Causey

OFFICIAL FILING STAMP

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FILED
 AUG 10 2022
 MISSISSIPPI
 SECRETARY OF STATE

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.