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TATE OF CALIFORNIA-OFFICE OF ADMINISTRA NOTICE PUBLICATION/ TD. 400 (REV. 10/2019)		SUBMISSION	(See instructions on reverse)	For use by Secretary of State only
OAL FILE NOTICE FILE NUMBER Z_2019-1210-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ORY ACTION HUMBER - 02	C EMERGENCY NUMBER	
2-2010 1210	00	Administrative Law (OAL) or	nly	ENDORSED - FILED in the office of the Secretary of State of the State of California
			OFFICE OF ISTRATIVE LAW	APR 2.7 2020
		AUMIN	ISTRATIVE LAW	1:45PM
NOTICE				
MOTICE GENCY WITH RULEMAKING AUTHORI	-		REGULATIONS	AOFNOVE III SALMONDO
DEPARTMENT OF JUST	ICE			AGENCY FILE NUMBER (If any)
PUBLICATION OF NO	TICE (Complete f	or publication in Not	ice Register)	
SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
NOTICE TYPE Notice re Proposed Regulatory Action AL USE ACTION ON PROPOSEI	er	Y CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
ONLY Approved as Submitted	Approved as Modified	Disapproved/ Withdrawn	NOTICE REGISTER NUMBER 2019, No. SI-2	PUBLICATION DATE 12 20 2019
SUBMISSION OF REG SUBJECT OF REGULATION(S)	ULATIONS (Com	plete when submittin	g regulations)	
Requirements for Fireari PECIFY CALIFORNIA CODE OF REGU ECTION(S) AFFECTED .ist all section number(s) individually. Attach	LATIONS TITLE(S) AND SECTION ADOPT 4045.1	TION(S) (Including title 26, if toxic	2019-0617-04E, 201 s related)	19-1210-03EE, and 2020-0318-03EE
ditional sheet if needed.)	4002, 4142, 5478 REPEAL	3		
YPE OF FILING				
Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3,	below certifies that the provisions of Gov. Co	ance: The agency officer name his agency complied with the ode §§11346.2-11347.3 either cy regulation was adopted or the guired by statute.	(Gov. Code, §11346.1(h))	Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
11349.4) Emergency (Gov. Code, §11346.1(b))	Resubmittal of disappemergency filing (Go	proved or withdrawn	File & Print Other (Specify)	Print Only
			RIAL ADDED TO THE RULEMAKING FILE (C	al. Code Regs. title 1, §44 and Gov. Code §11347.1)
FFECTIVE DATE OF CHANGES (Gov. C Effective January 1, April 1, July October 1 (Gov. Code §11343.4(a	Code, §§ 11343.4, 11346.1(d);	Cal. Code Regs., title 1, §100) n filing with \$100 Change	es Without Effective other	3
HECK IF THESE REGULATIONS REQU Department of Finance (Form STE	IRE NOTICE TO, OR REVIEW D. 399) (SAM §6660)	V, CONSULTATION, APPROVAL OF	R CONCURRENCE BY, ANOTHER AGENCY Practices Commission	OR ENTITY State Fire Marshal
Jan 12	A	TELEPHONE NUMBER	EAV ALLIADED (O.C.)	
Other (Specify) ONTACT PERSON			FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
DNTACT PERSON LIA ZUFFELATO		(916) 210-6040		Julia.Zuffelato@doj.ca.gov
DNTACT PERSON LIA ZUFFELATO certify that the attached cop f the regulation(s) identified true and correct, and that	I on this form, that the I am the head of the	(916) 210-6040 s) is a true and correct coe information specified of agency taking this action	ppy For use by n this form	Julia.Zuffelato@doj.ca.gov Office of Administrative Law (OAL) only
CONTACT PERSON LIA ZUFFELATO certify that the attached cop of the regulation(s) identified as true and correct, and that or a designee of the head of	on this form, that the lam the head of the the agency, and am	(916) 210-6040 s) is a true and correct coe information specified of agency taking this action	ppy For use by n this form	Julia.Zuffelato@doj.ca.gov Office of Administrative Law (OAL) only IDORSED APPROVED
Other (Specify) CONTACT PERSON LIA ZUFFELATO Certify that the attached cop of the regulation(s) identified s true and correct, and that I or a designee of the head of NATURE OF AGENCY HEAD OR DESIGN ATTURE OF AGENCY HEAD OR DESIGN ED NAME AND TITLE OF SIGNATORY	on this form, that the lam the head of the the agency, and am	(916) 210-6040 s) is a true and correct content in the correct conte	ppy For use by n this form	Julia.Zuffelato@doj.ca.gov Office of Administrative Law (OAL) only