

# REG SUBMITTAL

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2015-0306-01</b>	REGULATORY ACTION NUMBER <b>2016-0712-01SR</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2016 JUL 12 A 11:46  
 OFFICE OF ADMINISTRATIVE LAW

**ENDORSED - FILED**  
 in the office of the Secretary of State  
 of the State of California  
**AUG 23 2016**  
 1:43PM

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY  
 Veterinary Medical Board, Department of Consumer Affairs

AGENCY FILE NUMBER (if any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE Civil Penalties for Citation		TITLE(S) 16	FIRST SECTION AFFECTED 2043	2. REQUESTED PUBLICATION DATE October 1, 2016
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Elizabeth Bynum	TELEPHONE NUMBER (916) 515-5237	FAX NUMBER (Optional) (916) 928-6849
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2015 12-2	PUBLICATION DATE 3/20/2015

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Civil Penalties for Citation	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2016-0125-045
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 2043
TITLE(S) 16	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
 4/26/2016 - 5/17/2016

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <u>Awet Kidane, Director, Department of Consumer Affairs</u>		

CONTACT PERSON Elizabeth Bynum	TELEPHONE NUMBER (916) 515-5237	FAX NUMBER (Optional) (916) 928-6849	E-MAIL ADDRESS (Optional) Elizabeth.Bynum@dca.ca.gov
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3. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE: Innamarie Del Mugnaio DATE: 7/12/16

TYPED NAME AND TITLE OF SIGNATORY  
 Innamarie Del Mugnaio, Executive Officer, Veterinary Medical Board

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**ENDORSED APPROVED**

**AUG 23 2016**

Office of Administrative Law