



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Labor & Industries

<input checked="" type="checkbox"/> Preproposal Statement of Inquiry was filed as WSR <u>05-13-149</u> ; or	<input type="checkbox"/> Original Notice
<input type="checkbox"/> Expedited Rule Making--Proposed notice was filed as WSR _____; or	<input checked="" type="checkbox"/> Supplemental Notice to WSR <u>05-18-090</u>
<input type="checkbox"/> Proposal is exempt under RCW 34.05.310(4).	<input type="checkbox"/> Continuance of WSR _____

Title of rule and other identifying information: (Describe Subject)
 2006 Workers' Compensation Premium Rates
 General Reporting Rules, Classifications, Audit and Recordkeeping, Rates and Rating System for Washington Workers' Compensation Insurance, Chapter 296-17-WAC

Hearing location(s):
 Department of Labor & Industries
 Tukwila Office
 12506 Gateway Drive
 Tukwila, WA 98168-1050

Date: October 24, 2005 Time: 10am

Submit written comments to:
 Name: Department of Labor & Industries
 Kathy Kimbel
 Program Manager for Employer Services
 Address: P O Box 44140
 Olympia, WA 98504-4140
 e-mail LANZ235@LNI.WA.GOV
 fax (360)902-4729 by October 28, 2005, 12 noon

Assistance for persons with disabilities: Contact
Office of Information and Assistance by October 10, 2005
 TTY (360) 902-5797

Date of intended adoption: November 15, 2005
 (Note: This is NOT the effective date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The purpose of this rule filing is to add an additional hearing for the 2006 Workers' Compensation Premium Rates.

Reasons supporting proposal:

Statutory authority for adoption:

Statute being implemented:

Is rule necessary because of a:

Federal Law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, CITATION:

CODE REVISER USE ONLY
WSR #05-19-084

DATE
 September 20, 2005

NAME (type or print)
 Gary K. Weeks

SIGNATURE

TITLE
 Director

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

Name of proponent: (person or organization)

- Private
- Public
- Governmental

Name of agency personnel responsible for:

Name	Office Location	
Drafting..... Tammy Turner	Tumwater, WA	(360) 902-4777
Implementation.... Kathy Kimbel	Tumwater, WA	(360) 902-4739
Enforcement..... Robert Malooly	Tumwater, WA	(360) 902-4209

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

No. Explain why no statement was prepared.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

No: Please explain: