



WEST VIRGINIA SECRETARY OF STATE
ELECTRONIC FILING OF RULES AUTHORIZATION FORM

Date Submitted _____ Date Approved _____

Agency, Board or Commission Name _____

Address _____ Phone _____

The purpose of this form is to establish authorized access to the Electronic Rule Filing System and to have signatures on-file, as required by statute, for handling the filing of Rules with the Secretary of State's office.

There are four levels of access to the ERFs: 1) Review, Edit, Print; 2) Fiscal; 3) Submission; 4) All.

- 1) The following individual within my entity is granted permission to access, review, retrieve, edit and print our existing Rules.
2) The following individual within my entity is granted permission to add fiscal forms to our existing Rules.
3) The following individual within my entity is granted permission to file (submit) rules electronically. §5F-2-2(12) and (13) cites that by affixing my signature to this form, I am granting written consent to the individual listed below, the authority to electronically file Rules on my behalf.
4) All of the above

Printed Name _____ E-mail Address of Individual _____ Level of Access _____

Title Numbers _____ Series Numbers _____

Any changes in staffing will require a new form to be completed prior to permissions being granted.

Agency Authorized Signature _____ Title _____

State of County of

Signed or attested before me on{date} by {name(s) of individual(s) making statement}

..... {Signature of Notary Public}

My commission expires:

