



Proposed/Temporary Administrative Rules Form

Section 1 (To be Completed by Agency)

Agency Name: ISDA		STARS Agency Code: 210	Fax Number: (208) 334-2283	Date: June 1, 2015
Contact Person: Jared Stuart	Title: Section Manager	Phone: (208) 332-8620	Email: Jared.Stuart@agri.idaho.gov	
Person Authorizing Rule: Brian Oakey	Title: Deputy Director	Phone: (208) 332-8500	Email: Brian.Oakey@agri.idaho.gov	
Statutory Authority for the rule making (Idaho Code, Federal Statute or Regulation): Title 22, Chapter 20, Idaho Code				
Title, Chapter, and Possible Docket (IDAPA) Number: IDAPA 02.06.25				
This rule is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Temporary			Effective Date:	
<p>If this is a temporary rule:</p> <p><input type="checkbox"/> Necessary to protect the public health, safety, or welfare; or</p> <p><input type="checkbox"/> Compliance with deadlines in amendments to governing law or federal programs; or</p> <p><input type="checkbox"/> Conferring a benefit.</p> <p>Please explain:</p>				
If this is a temporary rule which imposes a fee or charge, provide justification as described in Idaho Code 67-5226(2):				
<p>Agency has determined according to Idaho Code 67-5220(1):</p> <p><input checked="" type="checkbox"/> This rule is to be negotiated <input type="checkbox"/> Negotiation of this rule is not feasible</p>				
<p>If rule is negotiated:</p> <p>Agency certifies that the rule <input type="checkbox"/> has been or <input checked="" type="checkbox"/> will be negotiated with interested persons as outlined in Idaho Code 67-5220(3). <i>(indicate which)</i></p>				
<p>If rule negotiation is not feasible, the agency has determined:</p> <p><input type="checkbox"/> Rule is temporary; or <input type="checkbox"/> Lack of identifiable representatives of affected interests; or</p> <p><input type="checkbox"/> Rule is simple in nature; or <input type="checkbox"/> Affected interests are not likely to reach consensus; or</p> <p><input type="checkbox"/> Other.</p> <p>Please explain:</p>				
<p>Provide a fiscal impact statement for all programs affected. Be sure to reflect both positive and negative impacts and to include all fund sources including both the General Fund and dedicated funds:</p> <p>ISDA does not anticipate any fiscal impact from changes to be made during this rulemaking.</p>				
<p>Provide a short explanation of the need for this rule:</p> <p>ISDA was petitioned by industry involved in bean research to add a small trial ground exemption to the rule IDAPA 02.06.25, specifying inspection in lieu of disease testing for non-Phaseolus beans of small seed lots of two pounds or less. This exemption is included in IDAPA 02.06.06 Rules Governing the Planting of Beans (Phaseolus Species), in Idaho, but was not included in the</p>				

non-Phaseolus bean rule when it was created. Industry is requesting that this rule be amended to be consistent with IDAPA 02.06.02 by adding the trial ground exemption.

Provide a short summary of the changes this rule makes: Changes to the rule will allow non-phaseolus bean growers to plant trial ground lots of seed to be inspected rather than disease testing seed, as much of the seed can be rendered non-viable in the testing process.

Provide a list of those persons or interest group(s) affected by this rule: Seed Industry, Non-Phaseolus Bean Producers, Idaho Crop Improvement Association, Idaho Bean Commission and the Idaho and Eastern Oregon Seed Association.

Section 2 (To be Completed by DFM)

DFM Analyst Comments:

DFM Analyst Fiscal Impact Review:
Request of industry to make this rule consistent with the rule that was changed recently.

DFM Analyst Signature & Date: Anita Hamann, June 5, 2015	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Gov Special Assistant Signature & Date: Cally Younger June 8, 2015	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Action:

- Approved
- Authorized to Advance Rulemaking Process, DFM to review draft rule prior to publication (See Section 3)
- Not Approved

DFM Administrator Signature & Date:

 6/10/2015

Section 3 (To Be Completed By DFM if Required)

DFM Analyst Signature & Date:	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Signature & Date:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Return via email to: info@dfm.idaho.gov